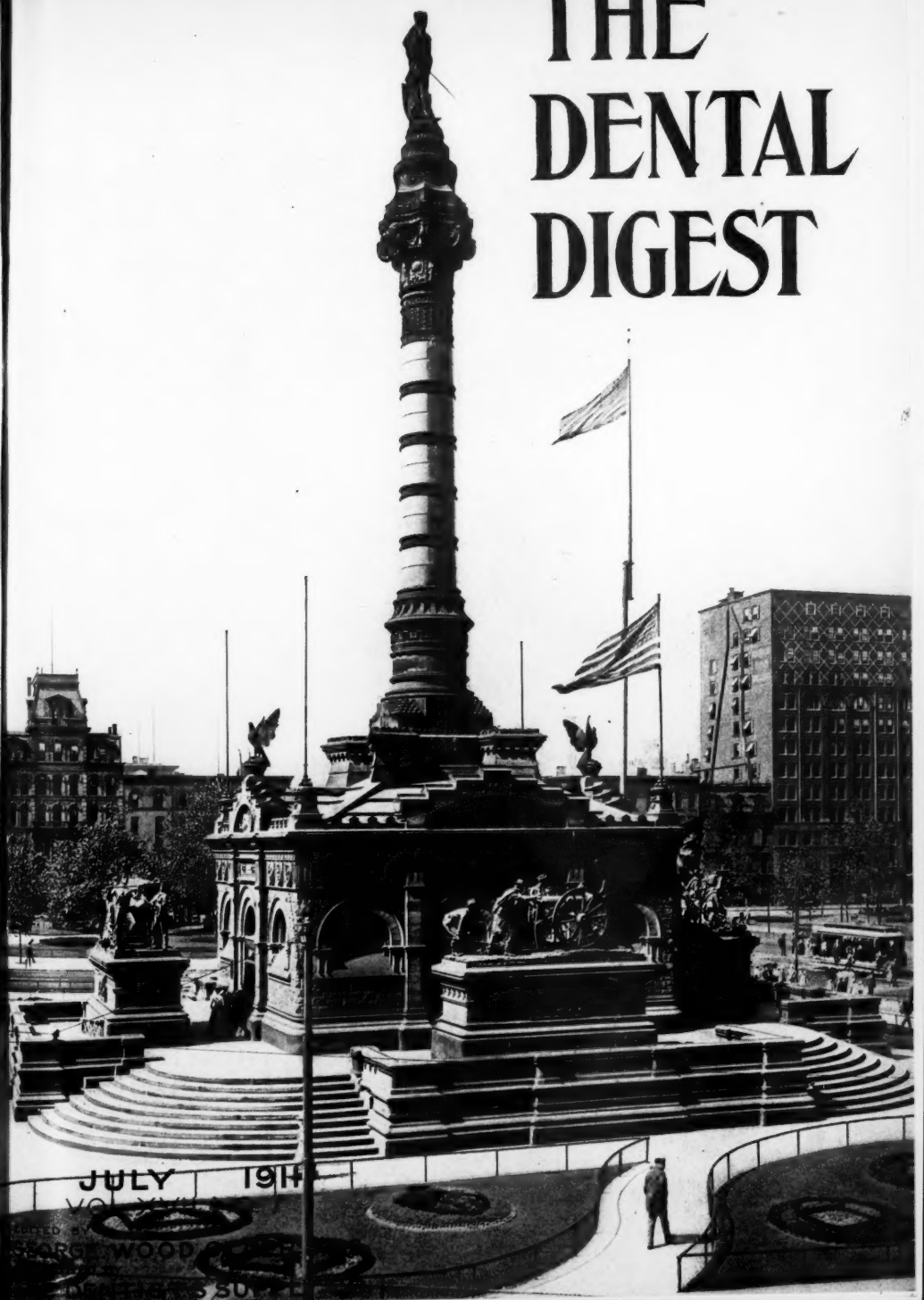


# THE DENTAL DIGEST



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(Twentieth Century porcelain—soldered pins)

## **DENTSPLY VULCANITE TEETH**

(Twentieth Century porcelain—platinum pins)

## **DENTSPLY COMBINATION SETS**

(Twentieth Century porcelain—platinum pin anteriors)

AT THE MEETING OF THE

## **NATIONAL DENTAL ASSOCIATION**

**Cleveland, Ohio, July 25 to 28, 1911**

IN THE EXHIBIT OF

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# THE DENTAL DIGEST

GEORGE WOOD CLAPP, D.D.S., Editor

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No. 7

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## PRACTICAL ORAL PROPHYLAXIS\*

By W. F. SPIES, D.D.S., PITTSBURGH, PA.

*(Concluded from the June issue †)*

### MEDICINAL ASSISTANCE

WHENEVER the normal equilibrium of cell activity is disturbed by irritation the cell reacts against it, producing a series of changes in the tissue. Nature possesses a power of re-establishing normal conditions provided this cell activity be not disturbed to too great an extent. As an example—the removal of salivary calculus where the inflammation has not progressed sufficiently to involve a great amount of tissue. Thus when only a little deposit is present and the irritation is slight, the cells return to a normal condition of their own accord, when the irritant has been removed.

In cases where a great amount of tissue is involved, and the inflammation has progressed, a different problem confronts us. Nature has been trying to effect repair and in so doing has used up its surplus strength or resistance, as is the case in Pyorrhea. We may aid nature in the bringing back of normal conditions by the action of drugs suitable for the particular affection we are treating.

The drugs which are to be successful in the treatment of Pyorrhea must be stimulating, disinfectant and astringent.

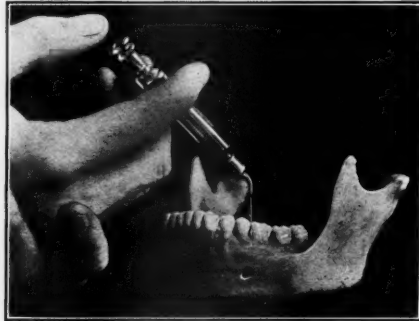
(1) There is a general impression abroad that the physiological processes of repair may be assisted by the use of agents which are of a decidedly irritating nature. It is true that all stimulation is by ir-

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† This series of articles commenced in the February issue.

ritation; that is, by waking up the active qualities in a cell which lead it to eliminate its waste products and to make proper use of those materials which the circulation brings to it. But the amount of irritation required for this purpose is generally slight and is referred to under the term "Stimulation." If that irritation be carried farther, the normal activities of the cell are disturbed and pathological activities take their place.

It is desirable that the indolent cells lining a Pyorrhea pocket shall be so stimulated that they shall promptly resume their normal ac-



ILL. No. 1.—The method of applying Dentinol.

tivities. The use of powerful irritants defeats this purpose rather than aids it. The effect of such drugs is to destroy the inflamed cells lining the pocket, to increase the area of inflammation and to retard the process of repair.

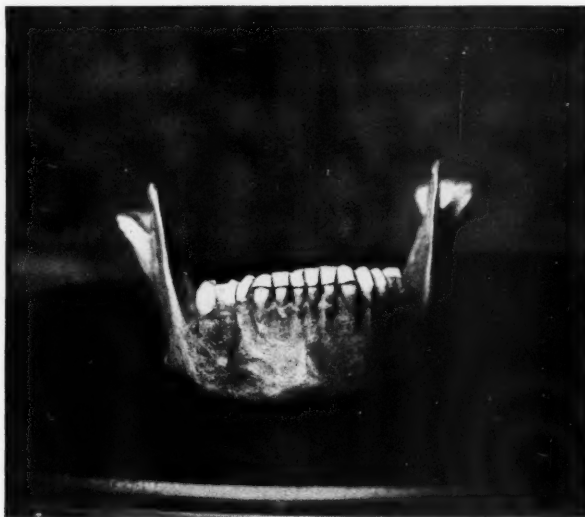
(2) It must possess disinfectant qualities which shall make of the contents of the Pyorrhea pocket a media unfavorable to the propagation of micro-organism without injuring the body tissues.

(3) Its astringent property must be such that it will prevent the escape of fluids and leucocytes from the blood vessels and also hasten the absorption of those that have already escaped. A study of "Astringent Action" will convince us that we may employ agents which when applied to tissue, produce effects that are not desirable. The three properties ought to be so combined that we do not have an excess of action on the part of any. This combination gives us the use of an effective as well as a harmless agent.

In searching for agents which would meet these requirements, the writer has made use of nearly all the remedies called to his attention. In the course of his experiments, he has tried the preparation known as Dentinol, and soon formed the habit of using it exclusively. The

ingredients as given by the manufacturers are Oxytoluene Distillata, Oleum Camphora, Oleum Terebinthina, Oleum Capsicum, Oleum Gaultheria, Oleum Sassafras, Oleum Eucalyptus, Alcohol twenty per cent. and Ethyl Oxide five per cent.

When a patient presents for treatment with teeth and surrounding tissue extremely painful, an application with cotton should be



ILL. No. 2.—Showing temporary wire splint made of gold ligature wire as in text and outlined in Illustration No. 3.

made to the exposed gum tissues. Where pus pockets are present, they should be treated as well, following the methods shown later. In these cases it might be well to defer instrumentation until the following visit. One application properly made will produce a better field for operation on account of the soreness having left. Other than already stated, it is to be used after instrumentation in the following manner: first cleanse the pocket by washing out with peroxide of hydrogen or distilled water. Peroxide is to be preferred on account of its effervescing qualities, its effects being mechanical; it should not be used with great pressure. The foam created by it should be washed away, giving better view of the pockets. Following this, loose cotton rolls are placed on both sides of the pocket, to catch any excess of the Dentinol. It is not harmful but slightly disagreeable to some patients. This feature is overcome by care in the application. Its application is made by the use of a glass syringe which has an iridio-platinum needle with a flat point. By this means the pocket is flooded with it. This

assures it being carried to the bottom of the pocket, and repair of the tissue then starts from that point as well as near the opening of the pocket. This is very important if permanent results are to be expected. The advantage of the flat point in the application is that if it is kept in contact with the root, pain is absent. (See Ill. No. 1.)

After the deposits have been removed from the root, the "Nursing Stage" in the treatment of the pocket commences. Treatments are



ILL. No. 3.—Looking down on the lower anteriors, showing how wires are placed for making splint.

continued every third day until the pocket has closed. This treatment consists of cleansing of the pocket, and the medicinal assistance to aid nature in the repair of the tissues.

In cases where the extensive pocket formation has taken place, a considerable amount of tissue is involved. Under normal conditions we know the bone tissue supports the soft or gum tissue. In cases where this support has been lost, the establishment of healthy conditions leads to some recession of the gum. This is due to the loss of its support and to the absorption of the fluids which were poured out into the tissue. The tissue becomes more dense and constricts about the root.

#### SPLINTS

It becomes necessary at times to make use of temporary splints, to give the teeth and surrounding tissue rest. When a tooth is extremely loose in its socket, due to loss of its supporting bone tissue and the inflammation of the remaining peridental membrane, it must be held in a rigid position. There are many ways in which this is accomplished; either by the use of silk or wire. The accompanying illustration shows a form of temporary splint which does very well for many reasons. It does not have to be changed, is clean, and if properly applied will not have the tendency to draw the teeth together as does the silk. The illustrated form of temporary splint is made by using the Angle wire, 28 gauge. First make a slip noose over the teeth to be enclosed by bringing the one end of the wire over the other, but not twisting them together. Cut short pieces of wire to be used be-

tween each of the teeth, twisting ends together, drawing tight. These wires should be cut to such length and turned into the interproximal space as will not touch the gum tissues, and going back to the end of the first slip noose, twisting wires together. In the use of permanent splints conditions must suggest the proper form to be used. (See Ills. Nos. 2 and 3.)

#### HOME TREATMENT

This phase of the treatment, coming last, is by no means the least, but is a truly important part in the maintenance of the results obtained at the chair. Too often this part is given slight consideration by the dentist, due possibly to lack of observance as to what proper cleanliness of the mouth means; not alone tooth decay, but health of the soft tissues as well. The patient must be instructed relative to the proper use of the tooth brush.

A Dentifrice must be selected with three things in view: (1) It must be a cleanser without being harmful; (2) It must render the mouth a place unfavorable to bacterial growth; (3) Its ingredients must possess the necessary stimulating and astringent properties. Frequently these are sacrificed for materials which possess a pleasant flavor and nothing else. Such materials simply mask conditions and allow the case to gradually become worse.

The writer has prescribed the use of the Pyorrhocide by the patient as a prophylactic dentifrice, and its use has been satisfactory to both dentist and patient.

The Pyorrhocide contains precipitated chalk, Peruvian, White Oak and Elm barks, together with Dentinol, in a modified form.

The cleansing effect is brought about by the precipitated chalk (which is soluble in granulation) and the barks mentioned. The medicinal value is attributed to the modified Dentinol.

This preparation leaves a refreshed feeling in the mouth and its use by the patient easily grows into an agreeable habit.

#### RÉSUMÉ.

##### *Local Causes of Pyorrhea.*

Malocclusions, February, 1911, *Dental Digest*, p. 62.

Faulty operative Procedure, February *Dental Digest*, p. 64.

Deposits, March, 1911, *Dental Digest*, p. 124.

##### *Result of Irritation.*

Inflammation, April, 1911, *Dental Digest*, p. 186.

Pus-Flow, May, 1911, *Dental Digest*, p. 256.

##### *Treatment.*

Instrumentation, June, 1911, *Dental Digest*, p. 329.

Home Treatment, July, 1911, *Dental Digest*, p. 373.

Medicinal and Mechanical Assistance, July, 1911, *Dental Digest*, pp. 370-372.



ILL. No. 4.—Pyorrhoeal condition on right side of upper jaw. Malocclusion of bicuspid and molar due to extraction. Extensive pocket formation about both teeth, with pus flow. Fistulous openings above both teeth from pericemental abscesses.



ILL. No. 5.—Same case as in illustration No. 4, showing completed case. Upper teeth held rigid by a splint, a portion of which shows as inlays on the occlusal surfaces of the bicuspid and molar. Pockets treated as described in text. Gum tissue restored to healthy condition.



ILL. No. 6.—Anterior section of same mouth as in illustrations Nos. 4 and 5, showing part of splint which holds teeth rigid and healthy condition of gum tissues about lower anteriors.



ILL. No. 7.—Lower left side of same mouth as in illustrations Nos. 4, 5 and 6, showing part of the lower splint and completion of the occlusion, and the same healthy condition of the gum tissues.

## BEFORE TREATMENT.

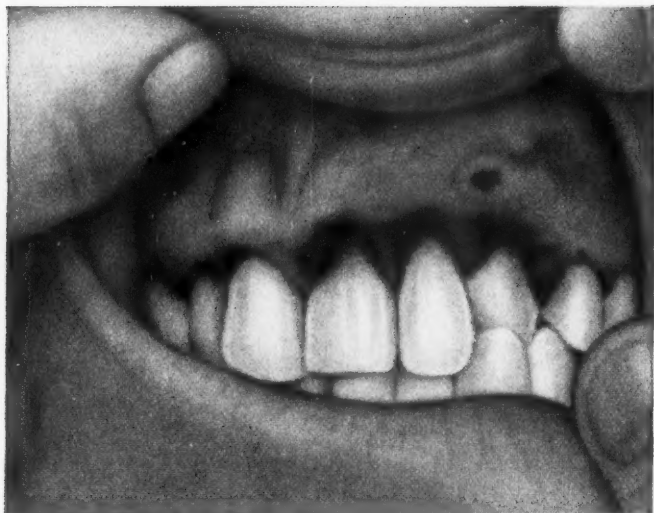


ILL. No. 8.—Anterior section of upper jaw, same case as previous illustrations, taken about ten days after beginning treatment. The temporary splint was put on to hold the teeth in proper positions during treatment.

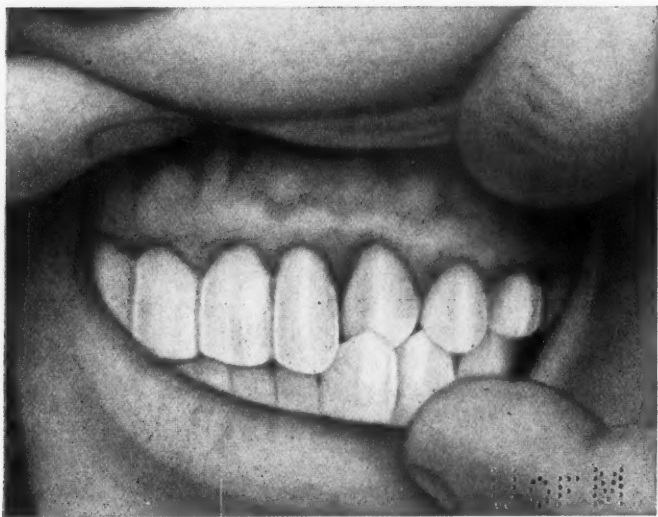
## AFTER TREATMENT.



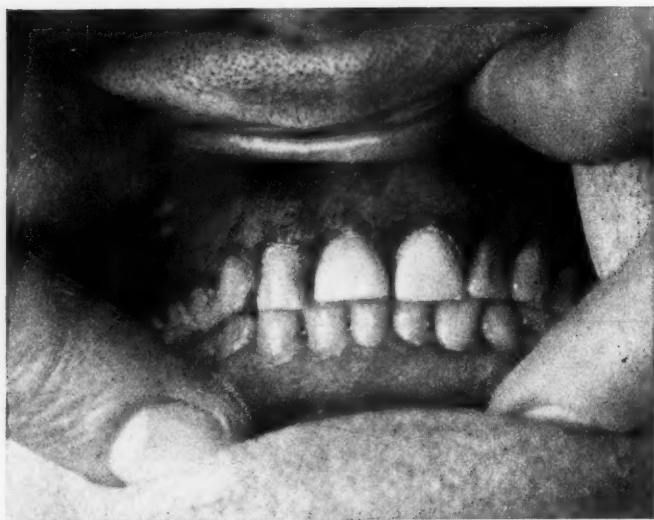
ILL. No. 9.—Same case as above. Treatment completed. The upper left central was extracted because it had no bony attachment and very slight attachment of soft tissue. The upper right central was cut off and the root used as an abutment of a bridge which forms part of a splint holding all the uppers rigid. This case required six weeks of treatment.



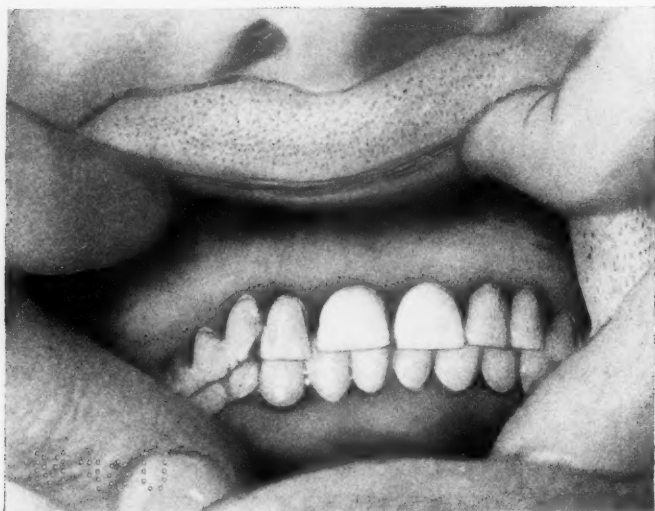
The upper left cuspid in this case suffered from excessive occlusion. Inflammation of the soft tissues about it resulted and involved the other anterior teeth.



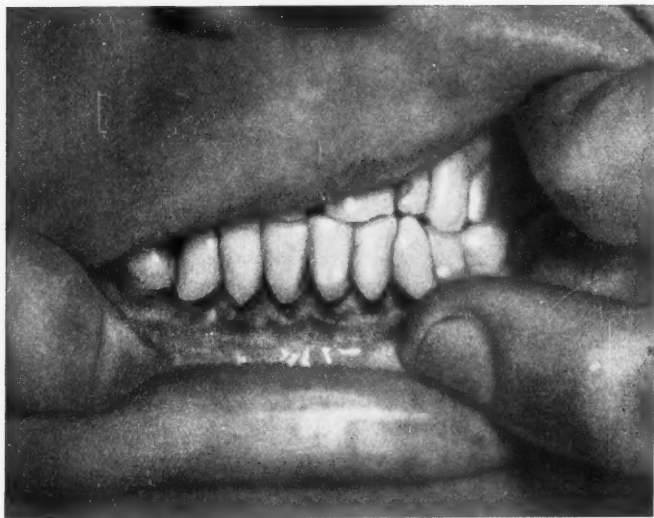
Same case as above. The excessive occlusion was temporarily relieved by grinding, and the inflammation reduced by treatment. The patient was then referred to an orthodontist for permanent correction of the malocclusion.



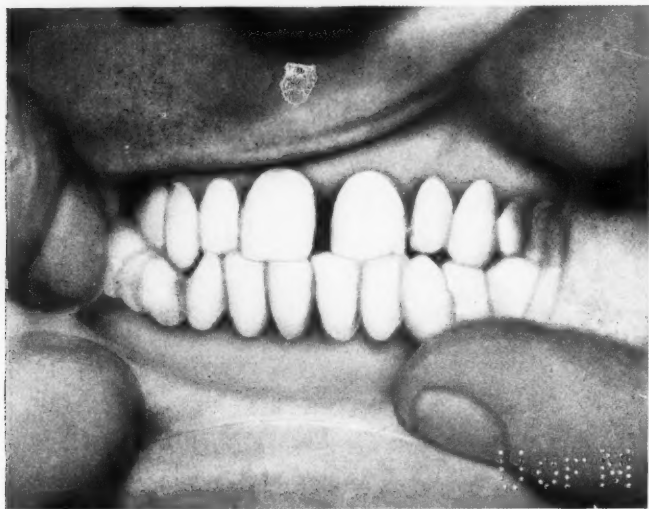
The occlusion on the porcelain crowns on the upper central roots was excessive. Inflammation of the soft tissues, with pocket formation and pus flow resulted.



Same case as above. The excessive occlusion was relieved. The office and home treatments were as given in the text.



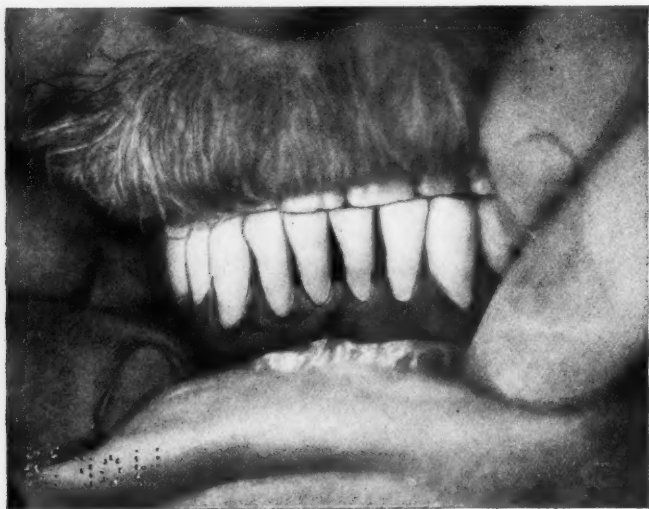
Inflammation of the soft tissues resulting from the deposit of salivary calculus beneath the free margin of the gums. This case represents a very common beginning of true pyorrhoeal conditions.



Same case as above three weeks later. The deposits were removed and proper home treatment instituted.



Extensive inflammation resulting from salivary deposits. This condition was common about 31 teeth. Teeth too sensitive to permit mastication. Pus flow in large quantities from about every tooth. Every tooth loose in its socket.



Same case five weeks later. The tissues are healthy. The soreness is gone from the teeth. Pus flow has entirely ceased. The teeth have become firm in their sockets.

## THE GREATEST THING IN ORAL HYGIENE

BY GEORGE WOOD CLAPP, D.D.S., NEW YORK.

*(Continued from June issue\*)*

It is necessary to interrupt the regular course of these articles to insert here a word concerning the Oral Hygiene work in Germany. I have heard much about this work, but have never been able to learn anything definite from such reports as I heard. So I went there to see for myself.

This article is not a report of the extent or character of the work there. It merely tries to present the German point of view. It appears here because The National Dental Association will meet in July and because the action of that body in regard to oral hygiene, may have great influence on its conduct and progress here during the coming year.

—EDITOR.

## ORAL HYGIENE IN AMERICA AND IN GERMANY

In Germany Oral Hygiene rests on its proper foundation. It is supported by the community as one of its proper municipal functions. It is conducted in connection with the public school system, because it is realized that the only time when the individual can be so treated as to insure the possession of a full dentition is in early childhood. In the most advanced communities, therefore, the children of the kindergarten are included in the ministrations of the public clinic. Examinations of the mouth are made, recorded and reported to the parents. The work may be done either in the free clinic or by the family practitioner. Experience at Strassburg shows that about one child in three is sent to the family dentist rather than to the clinic. As the municipal activity does not include any arrangement for reduced rates from the family dentist, the child probably pays the customary fees.

In America we have not yet reached so enlightened a condition. Our Oral Hygiene clinics are mostly conducted as charities by the efforts of a few noble-minded practitioners and the aid they solicit. In the light of experience here and abroad it is probably safe to say that this is neither a just, a wise nor a safe foundation for such enterprises, save in instances like The Forsyth Infirmary, where a great endowment insures permanency and adequate equipment. Community Oral Hygiene is not the burden of the dental profession. It may be

\* This article was commenced in January issue.

our duty to prove its merits, to show what it can do for the community and to assist in its establishment by all the means in our power. But to look forward to its permanent conduct by dentists is to insure that it will fail of its greatest usefulness.

Community Oral Hygiene is of right a community enterprise. It has more to do with the health of the persons comprising the community, with their economic efficiency and the return which they shall make to the community, than almost any other single measure. In the minds of those who have studied it most, it will prove an economy rather than an expense. It is not impossible that within the childhood of those who benefit by it, it will save its cash cost to the community in freedom from disease, in improved attendance of children at school, in greatly improved mental ability, and in reforming juvenile criminals.

Let us see how it happens that Germany has taken a step so greatly in advance of us, and why she threatens to outstrip us in this valuable form of service and in reaping its benefits.

Germany wants good soldiers, hundreds of thousands of them. And she has learned that it is worth her while to begin with the child and build its body sound and strong, that it may be sound in maturity, either as the soldier or the possible mother of soldiers. Therefore any measure which will surely build sound-bodied citizens, interests the Imperial Government at once.

Germany has also an Insurance Association which insures to every adult a pension in old age. That is to prevent such poverty as disgraces England and America. Into this Association every child enters at the age of fourteen years. From that time on it is watched over as one of the assets or liabilities of the Association. The managers of this Association are very wise. They are quite willing to exert their influence in behalf of the child from its cradle upward, in order that it may enter their Association sound in mind and body. Here, then, is another group of watchers over the child.

The schoolmasters in Germany are interested in the health of the child. Frequent absences from school because of ill health, or inability to maintain the work of the class, means trouble, delay and expense. It is better for all that the child should be well and strong, that it should do its work easily and promptly and reap all the advantages possible from the work. Here then is a third body of watchers.

As the result of the investigations of certain great specialists, there came into the hands of these watchers and workers certain information and proofs which finally made possible the establishment of dental

clinics. It is interesting to note that these proofs did not come from the dental profession. Germany has some of the greatest investigators in the world, especially in the several fields of medicine. Some of these men began to trace out the connection between bad oral conditions and certain serious diseases. Oefele showed that bad oral conditions are closely related to appendicitis, with its record of deaths, and to catarrh of the gall duct, also of most serious character. Professor Möller, Berlin, showed a close connection between defective teeth and tuberculosis. He is said to have showed that in not less than forty per cent. of tuberculous cases there was a center of infection in or about the defective teeth and the tubercles entered the body through the teeth. He proved to the satisfaction of the government that persons with defective teeth are more susceptible to tuberculosis than others. Professor Pflüger showed that people with fistulous abscesses from decayed teeth are sources of great danger to themselves and every one else. The fistulae furnish constantly fresh supplies of pus germs of great virulence. Children breathing in the emission of other children thus affected, or taking them in by means of pencils, handkerchiefs, etc., are exposed to great danger of tuberculosis and other serious infections. Dr. Röse showed that children with defective teeth were much less able to support the labors of the schoolroom than children not so affected.

The results of these demonstrations afford a striking testimony as to the difference in alertness and efficiency between government in Germany and here. There the Imperial Government could not take the active steps to establish the means of prevention and cure, but the officials exerted their personal influence in favor of such establishment, and the school authorities saw that teachings on the subject were immediately begun. The other friends of the child, the Insurance Association and the teaching body, took keen interest also. It then became possible for such men as Jessen at Strassburg, Koehler in Darmstadt and Ritter in Berlin to persuade the cities to establish clinics where the children could be examined and where the needs of the poor children could be met.

So satisfactory have been the results that seventy-eight such clinics are now in operation and forty-one are in preparation. These represent a cost for installation of more than \$75,000, and they minister to more than one million school children. The communities having such clinics now range in size from Grunewald, with 250 school children, to Berlin, with nearly 250,000. In forty-one of the seventy-eight clinics the city pays all the expenses. In four the city pays a part.

In seventeen clinics the parents pay a nominal sum, such as twelve cents per tooth treated, or a stated sum per year, such as twenty-five cents, which insures the child all necessary attention.

It is a natural question, "Why, with all these clinics, does not Germany afford the sort of proof of the value of Oral Hygiene that is demanded in America?" There are several reasons. The Germans do not look at the matter as we do. They are convinced of the enormous value of oral hygiene to the health of the child and through him to the community. Being thus convinced, they pay little attention to the financial side of the question. They do not know whether the dental treatment of little Johnny Jones cost the community seventy-eight cents and saved eighty-seven cents in teaching costs and reduced sick bills, or not. They have never figured it out on that basis. They do not even intend to; and while they would be glad to aid us in establishing the proofs of the value of oral hygiene, they are not interested in this form of proof.

But one cannot help seeing that in Germany oral hygiene is one of the live topics of the day. They may not see it from our viewpoint, they may not have the proofs of financial savings which we should welcome as demonstrations before municipal bodies, but no one could now turn back the tide and leave the children to go unprotected as before. Even the practitioners in cities where the clinics are, welcome them. Well may they do so, for where in America can you find a city of 20,000 school children in which 3,000 of them patronized the family dentist as a matter of course? Or where can you find an American community in which more than half of the school children practise systemic oral care?

Do not think that this work in Germany has not its opponents and detractors. There are those who cry out upon it, who pronounce it valueless and who say that it has little or nothing to do with the health of the individual or of the community. But in spite of these there will soon be 119 clinics in operation.

Why cannot we do these things? Why, in this broad land where money is freer than anywhere else in the world, cannot we care for our children as well as a German community which already pays taxes that would raise a revolution here? Why must we neglect our children in their earlier years that we may pay the heavy cost of such neglect in the toll of sickness, crime and death in later years?

And why, above all things, cannot The National Dental Association seize this moment to enter upon so vigorous, so able and so effective a campaign for Oral Hygiene as a community enterprise, that it shall become a permanent part of our municipal activities?

## ARSENIC IN DENTISTRY

(Concluded from June issue\*)

BY CHARLES E. FELLMAN, D.D.S., SUTTON, NEB.

It need hardly be said that the employment of temporary stopping and other make-shifts in place of a reliable brand of cement is poor economy. If there is doubt as to the security of the sealing, the patient may be instructed to return in twenty-four hours that the work may be examined. The patient should also understand that the tooth is not to be neglected upon the subsidence of pain, and that if it should become sensitive to pressure he must return immediately. There is no reason why he should not know what drug has been employed.

There is little to be gained by removing the decayed tissue from the cavity at the first sitting, but most of it should be removed if not too much pain is caused, as its presence might produce irritation.

Instances occur in which the anatomical relations would prevent a successful sealing of the cavity. In these cases an anodyne should be sealed into the cavity as well as possible, and a new cavity drilled, into which arsenic may be sealed. It may also be said that when the lower teeth are involved, the application of the rubber dam may facilitate the sealing process; for when moisture is brought into contact with dental cement during the early stages of the chemical reaction the proper setting of the mass is interfered with.

Caustic agents like carbolic acid should not be sealed in with arsenic, as the eschar produced by the former may interfere with the penetration of the latter. The paste should not be sealed upon an aching pulp. The better plan is to apply an anodyne to the pulp for twenty-four hours before applying the former. As many patients object to frequent calls, an anodyne may be applied and when the pain ceases the arsenic may be sealed in at the first sitting. Many bad cases of pulpitis have been permanently relieved by the proper application of arsenic with anodynes.

The drug is very penetrating and therefore need not be sealed directly upon the pulp. Less pain will be experienced if it is kept one or two millimeters away from the pulp. It should be left in the tooth for from three days to a week.

In perhaps 90 per cent. of cases there will be no irritation following the application of the drug. Occasionally there will be much pain. It is a good precaution always to apply some preparation of iodine or

\* CORRECTION.—Under this article in May issue, page 251, second paragraph, 4th line, "as 406" should read " $\text{As}_2\text{O}_3$ ."

some other counter-irritant agent to the gum before dismissing the patient. The pain, if any, will occur during the first night after the application. A few good doses of some good general anodyne should be given, to be used if occasion arises. Phenacetin, antipyrin, acetanilide or codeine are generally beneficial.

The bromides and sulphonals are of little value in dental disorders, as they are slow in acting. A prescription had better not be given for an anodyne, because of the danger that the patient will have it refilled, and in a short time reap a disordered nervous system from continued use of the drug.

The exact changes produced in tissue by arsenic are unknown. It has been suggested that the formation of thrombi within the blood vessels produces a stasis which causes the tissue to become necrotic.

It is well known that in systemic arsenical poisoning there is fatty degeneration of the heart, kidney and other vital organs. It is not unreasonable to suppose that the local action might be partially of the same nature. When opening into a devitalized tooth, often nothing is found but a few fibres bathed in a serum-like fluid. It has been stated that the application of arsenic excites an inflammation which enlarges the organ so that the blood supply is mechanically severed at the apical foramen. But it is hardly to be supposed that so violent an inflammation could run its course without causing pain. Pulpals have also been devitalized in teeth so young that the apical foramen was as yet unformed.

In some cases the gum tissue will hypertrophy and partially fill the cavity. This tissue may be touched with carbolic acid, and then cut away with a clean excavating instrument of the hatchet type. The hemorrhage is checked by applying adrenaline in 1/100 solution. Again the carious process may form an aperture in the floor of the pulp chamber, and the gum will hypertrophy and form a mass in the cavity. In this case it is difficult to determine what tissue is presented. The appearance and form of this tissue closely resembles a hypertrophied pulp. The pulp tissue is quite sensitive and the gum tissue insensitive. If it be a growth from the fibrous mat of the gum the tooth will be frail and badly consumed by decay. It will have the appearance of a putrescent tooth and should in many cases be extracted. In any doubtful case where arsenic is sealed in, the case should be closely watched.

Cases will present in which the pulp tissue is resistant to the action of arsenic. If the operator is skillful in administering gas, he may anesthetize the patient and proceed to remove the tissue. But there are objections to this method. The thought of being anesthetized has

a terrifying effect upon most people. In case of molars there is great danger of breaking drills and broaches while operating hurriedly and under nervous stress. The method generally followed in these cases is to make repeated applications of arsenic and other cauterants. A case may be reviewed as follows: A patient presented with a cavity upon the buccal surface of an upper second molar. An unsuccessful effort was made to anesthetize the pulp. Applications of arsenic were made weekly and each time some tissue was removed. After three or four weeks any pressure upon the tooth caused pain. The palatal and anterior roots were cleared, but live tissue remained in the posterior. A dressing of carbolic acid was placed into this root and one of oil of cloves in the other two. The cavity was filled with cement and the patient instructed to return in a month. After six months the patient returned and the roots were cleansed and the tooth filled.

Sickness or other causes may prevent the patient from returning to have the arsenic removed, and its presence in the tooth may cause tenderness of the dental ligament. This condition is due to the fact that small quantities of arsenic have reached the ligament by way of the apical foramen or by diffusing through the substance of the tooth.

This small amount of the drug will not as a rule produce any necrosis, but it will excite an inflammation that will not subside for a considerable time. The drug which reaches the ligament will finally be taken care of by the lymphatics. If the symptoms do not indicate that the condition is serious the tooth may be cleansed and filled, a counter-irritant applied to the gum; and recovery will take place in a week or so. If the symptoms are more profound, treatment must be instituted. The drug should be removed and the walls of the cavity scraped. An application of ferric hydrate should be made to the cavity and pulp canals, and allowed to remain for a few minutes. The hydrate is then removed from the tooth and the latter wiped with absorbent cotton until clean and dry, and a dressing of oil of cloves sealed in. A counter-irritant is applied to the gum and the case dismissed for a week. It may be necessary to repeat the treatment a time or two but the iron hydrate should be applied but once. In case of an anterior tooth other anodynes than the volatile oils should be employed because of the staining properties of volatile oils. Preparations of thymol and menthol are efficient substitutes for oil of cloves.

The hydrate of iron, to be efficient, should be freshly prepared. A few drams of tincture of iron chloride are placed in a test tube or vial and a few drops of ammonia water added. The solution will become turbid and a precipitate form. This is filtered, the resulting brown

mass is washed, when it is ready for use. This substance may be represented by the Formula  $\text{Fe}_2 (\text{OH})_6$ .

In case any arsenic leaks out of the cavity it will devitalize the tissue of the gum. If the leakage has extended over a week or more the bone will be involved. In the treatment of this condition all necrotic tissue should be removed and the case given antiseptic treatment until healing takes place.

Arsenic will not pass through the cement which is used in sealing it into the cavity. Many specimens of cement contain a trace of arsenic, and it has been thought that vital teeth which carry shell crowns frequently cause irritation because of this fact.

It is possible that the small amount of arsenic which may be absorbed into the circulation from the dressing in a tooth cavity may produce symptoms of systemic arsenical poisoning; cases of this nature have been reported but they are of exceedingly rare occurrence.

Some writers have advocated the use of arsenic in deciduous teeth. This would be justified only in rare instances. Its use has resulted in the non-appearance of permanent teeth. The writer has removed pulps from deciduous teeth using cocaine or carbolic acid, and in course of years they were normally shed and replaced.

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*Editor DENTAL DIGEST:*

On page 335 of the June DIGEST is an article under the head of "Advice Wanted" by R. B. My advice is to throw the casting outfit into the junk pile and quit trying to get people to use the cast plate. I have tried the cast aluminum plates and know what I am saying when I declare them to be the greatest affliction that any dentist ever put into the mouth of any patient. Putting a cold wet squirrel up one's back is not more disagreeable to the patient than to have to wear full sets of artificial teeth on cast aluminum plates. The dentist that will insist on making such teeth for patients should have to wear them for a while until he learns something about cast aluminum plates that he does not and cannot know without. A well-made rubber plate is the best that any dentist can give his patient who must have artificial teeth. Plates made of other material may bring more money in to the dentist, but they cannot bring the comfort that a good rubber plate will bring to the patient.

Yours very truly,

L. W.

**METHOD OF MAKING CAST DUMMIES FOR BRIDGEWORK**

By B. F. BERRY, D.D.S., MURRAY, KY.

INSTEAD of a costly metal plate with the impressions for this work, I use a sheet of dental lac and Twentieth Century Anatomical teeth. I select my teeth of the size and shape to fit the case in hand. It is much easier to do this than to tell what impression you want to use on the metal plates, as you can try your teeth in and find exactly what you want, especially if you carry quite a supply of the "T." "C." Anatomical moulds, which I try to do. When I find a suitable tooth or teeth, as the case may be, I simply heat my dental lac and take an impression of the cusps alone, if it is to be a lower self-clearing bridge; or of the cusps and buccal surface if an upper. Coat the impression lightly with vaseline to keep wax from sticking. Warm enough inlay wax to soften it and press to place. Don't melt it, as of course this would soften the dental lac.

In this manner I find I can get wax dummies which go to place easier and do not have to be distorted so much as those made from a plate, as by trying the teeth on model first you can select a tooth which will articulate with every little change, especially with the anatomical moulds which lend themselves so readily to this work and make such beautifully shaped dummies.

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**WEARS A BRIDGE AT THREE YEARS OF AGE**

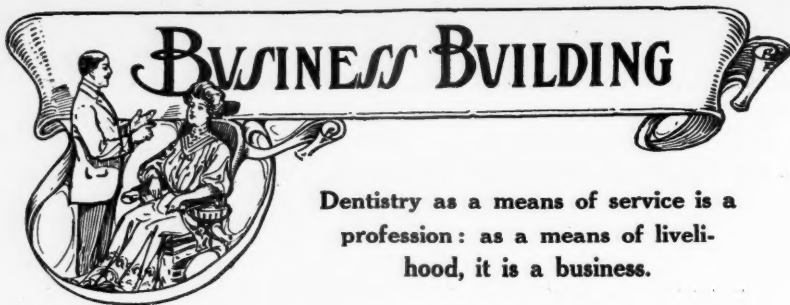
THE daughter of Dr. Joseph F. Metz, D.D.S., aged three years and four months, claims the distinction of being one of the youngest persons wearing a bridge. Miss Metz, who already has four teeth filled, to prevent further decay, had the upper central broken off by a fall, which interfered with her articulation of speech. Dr. Metz crowned the left lateral and attached the central to the crown. A marked improvement is shown in the articulation.

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**AT 75 CUTS EYE-TEETH**

SYDEN THOMPSON, seventy-five years old, of Rockaway, N. J., had been annoyed by pains in his upper jaw until he had an expert examination made.

He was astonished to find that he was cutting two eye-teeth.  
—*Exchange.*



## “INSIDE INFORMATION” AND “TIPS”

BY HENRY HALL, NEW YORK

AUTHOR OF “HOW MONEY IS MADE IN SECURITY INVESTMENTS” \*

Of all things, of which an investor and trader in stocks should beware, “tips” and alleged “inside information” in Wall Street, stand preëminent.

Thomas W. Lawson, of Boston, a brilliant rhetorician, although a most untrustworthy market guide, never said a truer thing in his life, than when he enunciated the immortal maxim, that “Wall Street advice costs nothing, and is worth it.” I have often wondered why the public has never applied this pungent and sharp-edged proverb to Lawson’s own entirely gratuitous and expensive advertising campaigns, booming various low-priced copper stocks, which never made good. Of course, the kind of advice which “costs nothing and is worth it” is the sort which fills the air in Wall Street and is gossiped about in every broker’s office during a campaign in stocks. “Tips” then fly about the Street like a cloud of insects. They spring up from nowhere, are designed to distract the attention of the public from something that is actually going on, and, having served their purpose, disappear as promptly as they came. A great deal of alleged “inside information” makes its appearance in every stock-market campaign. Men buttonhole every trader and tell him in a whisper, with strict injunctions not to repeat the story, certain information from the “inside,” which he has learned with regard to particular stocks. I have traced hundreds of cases of such “inside information” and watched for the truth of them. Not one instance in a hundred has ever turned out to be genuine.

Not more than two months ago Wall Street was full of “inside information” as to *American Cotton Oil*, to the effect that the May dividend would be cut in half and the November dividend would be

\* THE DENTAL DIGEST will send this book to any subscriber who will send \$1.50, with postage.

passed entirely. It is publicly known that the company is not doing well, owing to the high price of cotton-seed and the low prices of cotton-oil products; and the "information," straight from the inside, told with "corroborative detail," was that the dividend would be reduced at once. This induced a large number of traders to put out a tremendous volume of "puts" on the stock, while others went short thereof. They expected that *Cotton Oil*, then around 61, would drop to 20 at least. *Cotton Oil* did fall to 50 on this selling; and then the directors met and declared the usual  $2\frac{1}{2}$  per cent. semi-annual dividend. Whereupon the stock rose so rapidly that every man who had paid for a "put" lost his money, and the shorts were obliged to cover at a loss. This was an excellent specimen of the kind of information which "costs nothing and is worth it."

In January, 1910, just before the market started down for the long six-months' toboggan slide, which culminated in a semi-panic in July, it was very hard for even the most cold-blooded and cynical observer to form a correct idea of the immediate future course of the market. Never, in a long experience, have I ever known the Street to be so full of "tips" and "absolutely correct inside information" to the effect that the top of the rise, then in progress, would not be reached until February. The big men had the stocks; they could not sell them until public confidence was restored; nothing would restore confidence better than a handsome rise in prices; the big men had therefore resolved to put the market up much higher into February. Men were deliberately employed to circulate this fiction; and the "news" was in every brokerage house in New York. It was all a fairy tale. Those who had the stocks were not planning to put the market up. They were getting out of stocks. There was no February rise, and prices slumped steadily. In July, leading stocks were down an average of \$40 a share.

There are plenty of sound ways, approved by experience, by means of which a careful observer can judge the future course of the stock market; but if a correct conclusion is to be formed a man must begin by absolutely disregarding the "tips" which float about Wall Street. They are a part of every stock-market campaign. There has never been a great rise in prices, which had finally reached its culmination, without Wall Street hearing a thousand different stories, no one of them traceable to a responsible authority, that stocks were going twenty points higher yet. There never was a serious decline in prices, which also had actually run its course at last, without the customers of every brokerage house in town having the "tip" that this and that important stock was going a whole lot lower yet before the actual culmination.

These tips are never traceable to the authors of them. Dissemination of falsehoods is liable to severe punishment; and a broker caught setting one afloat would be promptly expelled from the Stock Exchange, a penalty which a broker dreads more than incarceration behind stone walls. All the same, stories of the class described creep into circulation, in one way or another, during and at the culmination of stock-market campaigns. They are certainly designed to mislead. They confuse the judgment. They distract one's attention from what is actually taking place. And it can be certified to confidently, that the margin trader who governs his action by the myriad of tips current in Wall Street when the stock market is excited, will, sooner or later, lose every dollar he has placed at risk in speculation.

No one can deny that genuine "inside information" is of the highest importance, both to investors and traders. It enables a man to act in advance of the news and profit thereby handsomely. A famous case, that of Rothschild, who founded the great fortunes of the present house, is directly to the point. He was present, or near, the scene of the battle of Waterloo, and when he learned of Napoleon's defeat, he fled by land and sea to England, arrived long in advance of the news and bought British bonds to the limit of his ability. England went wild with excitement when the news finally arrived, bonds soared in price, and the Rothschild fortune was made. That was a case of genuine information.

A modern instance was the fortunes made in securities of the *West Shore* and *New York Central Railroads*, when the Vanderbilts had resolved to buy that property and put an end to its damaging competition with *New York Central*. The financial world has never to this day forgiven the coterie surrounding the *West Shore* management for acting on this piece of genuine inside information and for making fortunes out of the subsequent rise in *West Shore* and *New York Central* securities. It is not known that any outsider lost any money in consequence of the rise, but certainly they did not make any, or very little at the most, and outsiders have ever since nursed a grudge in consequence.

A yet later instance was an incident of February, 1909, when *United States Steel* declared open war in the steel trade. The privileged people who had learned the intentions of the management and who had the means of knowing positively that a cut in prices would bring a great rush of new business to the *Steel* corporation, because they knew where it was coming from, sold *United States Steel* short, in advance of publication of the news; made a handsome turn on the bear side; and then bought heavily, clearing even yet larger profits in the subsequent 53-point rise in the stock.

Another profitable piece of genuine inside information which was taken advantage of sensationally by John W. Gates a few years ago, came to hand in connection with the affairs of the *Louisville & Nashville Railroad*. A block of new stock put out by that road had been sold in advance of actual issue by the Belmont interest. They were in too much of a hurry to get the money. Their action made them technically short of the stock, because they could not deliver the certificates to purchasers until they had been legally issued. John W. Gates learned the facts in the case, borrowed a large sum of money from the banks, bought up practically the whole floating supply of *Louisville & Nashville*, and cornered the stock. He made a reasonable compromise with the Belmont interest, at J. P. Morgan's request, but made a handsome sum of money in the deal, while all the traders who had the information from him also added substantially to their bank accounts.

Genuine information, the kind of thing which is worth money to know, is always desirable. If a company's earnings are falling off and the business is declining, or if, on the other hand, the plant is being rushed to the utmost capacity, it is worth while to know this, in order to manage one's investments and trades properly. Hundreds of companies make reports only once a year, and the general drift of their business midway between reports cannot be judged accurately by outsiders. If a non-paying concern is to be purchased by a strong and prosperous one, and its depreciated securities are to be exchanged for those that are worth more, this also is important to know before the public does, if possible. If the ore in certain silver-lead mines, like those owned by *Federal Mining and Smelting*, are either petering out or changing their chemical character so as to make extraction of the metals more difficult and the profits less, that is something worth knowing. If J. P. Morgan sees public prosperity only a short distance ahead, in spite of the gloom of the present moment, genuine information as to that fact would be of transcendent importance. If, on the other hand, the keen and far-seeing men in the management of the great railroad systems should conclude that it was appropriate to initiate great schemes of railroad extensions and improvements, simply because they saw a long period of depression ahead, and they could purchase their supplies and labor for less than in good times, that fact, ascertained from inside authority, would enable a man to shape his course as to speculations and investment for a long time ahead.

But from the very nature of the case, genuine inside information is hard to obtain. A company official's obligations to his stockholders prevents him from talking freely. And the big men are proverbially reticent and have to be. Their immediate personal friends are often per-

mitted to share their information, but few others are. When a man does get something definite from such sources, the information is of great value, and it must be admitted, that he can do so from time to time.

With regard to "tips" and the alleged "inside information" current in Wall Street, there is one rule which should positively be followed. In any event, never act upon them at once! Take time to consider the matter, to make inquiries from disinterested and ordinarily well-informed sources, to compare with your own judgment! Think of all the influences which tend to establish the broad trend of business and securities for the next year or more. There is seldom the slightest need to be in a hurry. If, after mature consideration and inquiry for a few days, the "tip" seems well founded and in harmony with the broad trend, then act upon it, of course. You will then not be following the tip, but the result of your own inquiries. If you are in doubt, don't. Better let a chance to make money go by occasionally than to lose a part or all of your money by a reckless plunge in response to a "tip" which is intended to mislead:

52 Broadway.

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#### HE NEEDS COUNSEL AS FRANK AND SIMPLE AS GROVER CLEVELAND ONCE GAVE HIM

I entered a profession at an early age, became obsessed of it, gave it time, energy, and attainments without reserve—and failed to make a decent living. My constant cry to friend and mere acquaintance was as to how such service could be made more productive without smirching the ethical, without lowering the ideal. This cry went out to McKinley, Harlan, Allison, and many lesser lights, for years without eliciting an effective answer. Each of these replied, touching local conditions, perhaps success lay in another locality, among other people. Greeley's famous advice, "Go West," etc., was revamped into a score of forms equally fallacious and misleading. It remained for Grover Cleveland to say: "Go to work for your wife and babies; refuse no brief, but always charge enough and collect the charge if the client is worth it. Let no man say: 'That's cheap enough'; let no man hint: 'He's easy.'" Sounds simple, you think? It is in just such simple expressions we find true greatness.—*Exchange*.

## HOW A DENTIST SHOULD INVEST MONEY

BY S. D. RUGGLES, D.D.S., PORTSMOUTH, OHIO

THAT Providence has endowed some with the ability to accumulate and others to spend is well known to all. . . .

The first and most important part played in the finances of professional and business men is adequate life insurance to cover any obligation which may mature in case of death. There is no better way of creating an immediate estate. Since the recent airing of insurance companies' affairs, the public at large has become better acquainted with the real significance of life insurance.

The present trend in the purchase of insurance is to buy the greatest amount of protection for the least money. What is termed straight life—one payable throughout life at a definite rate—can be bought for less money, thus enabling a greater return in case of death than on the endowment plan. It is purely a policy for protection and has no investment features. Anyone whose income is small should buy as much of this insurance as can be carried without becoming a burden. Old line companies charge lowest rate compatible with safety.

Next in order should be placed the twenty payment life policy. While the rate is higher, there are certain investment features which appeal to one in the shape of returns at the expiration of policy. This becomes a source of income after maturity and can at the option of the holder be paid in a lump sum and invested or received in annual installments.

Life insurance is not taxable and has the great advantage of not depreciating in case it becomes necessary to change one's place of residence. As an investment the returns on insurance of this sort are from two and a half to four per cent.

The slip of an instrument in the hand of a dentist is sufficient warning that an accident insurance policy would furnish bread and butter during a period of inability.

Many good business men who are enlarging or reaching out for new business consider it good practice to protect themselves by taking out insurance sufficient to protect the firm in case of the death of one of its members, otherwise the life of the business is endangered.

These principles hold good for professional men also. Next to life insurance it is a man's duty to own his own home. This does not apply to merchants or manufacturers, for it is usually to their

advantage to keep their money in their business until a surplus has been established. But professional men have no such use for their surplus, and it is certainly the ambition of every man to be master of his own latch string.

This especially holds good for men practicing in small cities and towns, as property values are not so high that a man of average ability cannot acquire it. After a site is paid for, any man with a family is justified in going in debt for a home. The convenience of the modern building and loan enables one to apply his rent toward its payment. From 30 to 60 per cent. of the rent in this case will be used toward reducing the principal. This depends upon the kind of loan selected. The horror of debt often prevents men from taking this step, but this is legitimate debt and is laudable. I believe the majority of homes purchased in this country to-day are paid for in this manner. If the necessary precaution has been taken in the shape of life insurance, there should be no hesitancy whatever in assuming a reasonable loan in the purchase of a home.

. . . . .  
The writer has found that unimproved property is usually to be avoided unless bought in a growing section of the town. It should be turned quickly, for there is no income and the taxes and street improvements are apt to become burdensome. In general it would seem best to invest in improved property which pays its own way. In case of sickness or disability this need occasion no worry. Business property in some instances is desirable, but has the one disadvantage, the shifting of business centers, which causes large and sudden depreciation in values. Residence property renting at a medium price will in the long run be about as remunerative as any, especially in towns of small size. This can be managed after office hours and is compatible with one's work.

The question naturally arises, how can one know how to buy? In answer to this, let me say that undesirable property is not cheap at any price. If others do not want it, neither do you, for the demand controls the price of the supply. Property is cheaper in a growing section at an advanced figure than in an undesirable section at a sacrifice.

First of all, invest in a location which promises to be stable or will improve as time goes on. See that it is convenient to schools and churches, for the education of children is one of the most important home questions. Drainage is of utmost importance. I have known houses to be vacant one-half the time on account of defects of this nature. The too close proximity of a soap factory or some other

undesirable business will also have its effect. Adequate fire protection is of paramount importance, and low sections of a community where floods occur should be avoided. One other point and a very essential one to be borne in mind is that of transportation. Time is the most valuable commodity any man has in this century, and it enhances the value of any property to be close to car lines.

Stocks of the great railroads are used very largely by some for investments, but should be left severely alone by the ordinary person not familiar with them. To buy outright a dividend-paying stock listed on the New York exchange is permissible, provided it is purchased when the market is low, but it is pretty generally a good plan to let such matters severely alone. Few men are capable of dealing in stocks to advantage and then only after long experience. The average dentist, unless a friend gives him a tip, and tips are dangerous, seldom possesses the business ability to handle such issues and generally comes out the loser. Under no circumstances buy on a margin. The man who earns money with his fingers can ill afford to risk it in such ventures.

The golden opportunity to get in on the ground floor with every little industrial promoter who sells everything from a novelty to oil and mining ventures should be shunned.—*The Dental Summary*.

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### BABY KILLERS.

UNITED STATES Government chemists have officially proclaimed a list of "soothing syrups" as "baby killers," and advise that if you value your child's health and life never use any of these preparations:

Mrs. Winslow's Soothing Syrup (morphine sulphate).

Children's Comfort (morphine sulphate).

Dr. Fahey's Pepsin Anodyne Compound (morphine and sulphate).

Dr. Fahrney's Teething Syrup (morphine and chloroform).

Dr. Fowler's Strawberry and Peppermint Mixture (morphine).

Dr. Grove's Anodyne for Infants (morphine sulphate).

Hooper's Anodyne, the Infants' Friend (morphine hydrochloride).

Jadway's Elixir for Infants (codein).

Dr. James' Soothing Syrup (heroin).

Koepp's Baby Friend (morphine sulphate).

Dr. Miller's Anodyne for Babies (morphine sulphate and chloral hydrate).

Dr. Moffett's Teethina Teething Powders (powdered opium).

Victor Infant Relief (chloroform and cannabis indica).—*Practical Dental Journal*.

## EXPERIENCES

*Editor DENTAL DIGEST:*

I have been much interested during the past couple of years in the articles which have appeared in the *Digest* on "Business Building," and I have often wished that when I started into practice some thirteen years ago, I had had the advantage of the good advice and practical information that is being handed to the young man to-day starting in upon his professional career as a dentist.

I have read many of Brother Bill's letters and I have gathered much valuable information and many priceless hints from them.

It is an excellent thing for us to place our ambition high, but I believe that it is possible to overdo in this direction, and failure to attain to anywhere near their realization may lead to discouragement.

How some young men attain to the point of success which they claim for the first year or years of their practice is a great marvel to me, if what they say is true.

Referring to "A letter from a young practitioner to his father," which appeared on page 36 of the January number of the *Digest*, I would say that this young man, E. A. H., has done marvelously well, if during the first nine months of his career he has taken in \$2,730, which means that on the same basis for the year his gross income will be \$3,640, or, in other words, he starts the first year with \$1,040 more than the computed average practice.

And this had most all been done before he had even read Brother Bill's letters. He does not give his location or say anything about "how he did it," or the influences he brought to bear, he only asks, what do you think of it? Well, to be candid, I think that unless he is situated under some particularly favorable circumstances, has exceptional ability, or gave the figures after he woke up from a dream, I am strongly inclined to discredit the veracity of the statement.

If the average practice is computed to be \$2,600, the young man starting in ought to be highly pleased to reach that point the first year. For many years past my practice has more than doubled this, but I thought I had done fairly well the first year at a figure \$750 below it.

The point I want to make is that I believe it is a great mistake to start the young man out with an idea that if the first year or years of his career he does not come up to, or even near, the \$4,440 mark, he must brand himself as a signal failure. The young man who takes in \$3,640 the first year of his career is quite the exception.

The great thing for the young man to remember from the start

is that what will count as time goes on is not what amount of money he takes in, but how much of it he lays by.

With most of us it is true that if our income was one third less than it is, we would get along on the other two thirds; therefore, as early as possible in our career, we should aim to lay aside the one third as though we owed it to somebody.

After I had practised some years and I realized that I was spending nearly all I made, this idea was suggested to me by my father (suggested to him in his early professional life by my good mother). I started in to live up to it, and for years have improved upon it as increasing income permitted.

With what result? Despite occasional slips into the inevitable investment or speculation pitfalls that await professional men, after just thirteen years of practice, during which time I have taken fourteen months' vacation, including three trips to Europe, I find myself with nearly \$20,000 invested and drawing interest.

As a result I am encircled by a feeling of independence which materially helps me in my practice for the following reasons:

First, I feel more free to dictate to my patients, and eliminate from my practice that element which is either unwilling, or unable, to pay me what I consider a reasonable fee.

Secondly, should ill health overtake me, I know that I could live modestly on the income that this money produces without being a burden on anybody.

Thirdly, if I did not save another cent and kept that money invested at three per cent. compound (but I safely average five), it would at the end of ten years approximate \$30,000.

Fourthly, if I continue only on the same basis for the next ten years, in the early fifties I shall be quite independent and if I continue practice, can amuse myself therewith and enjoy life as the autumn of it approaches.

Now if this fairly satisfactory situation can be reached by one of moderate ability, energy and good sense, who started in upon his career four or five years later than the average, it seems to me that with all the excellent hints upon business building and conduct such as your valuable Journal is giving to the young man of the present day, the pitiful situation which we too often see—dentists attaining to the age when they have no longer the working ability and energy of their prime, with failing health, without means, without hope—may in great part be eliminated in the future.

A new era is dawning for our profession; the public mind is being educated along lines which are forcing people in every walk of life to

tender greater respect and more bountiful remuneration to us for our valuable services; we are coming into our own. Let us then, be prepared to earn and accept in the fullest measure all we are entitled to.

May I close, Mr. Editor, by saying that any personal references I have made have been submitted not in the spirit of self-praise or recommendation, but only with the hope that they may, by suggestion, be of benefit in some small way to others. If this should be attained I shall be amply rewarded for the little effort involved in addressing you.

Very truly yours,

R. C.

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*Editor* DENTAL DIGEST:

Just a word in defense of those referred to on page 693, November, 1910, DIGEST, as "the product of an imported growth sloughed off from over sore spots in Europe." It must be remembered that we are all foreigners in a certain sense, those of us who are not Indians; that our foreign ancestors came to this country after its discovery by a foreigner, and that the whole aspect was altered with the advent of European civilization here. Were it not for foreigners, this fair land would still be a wilderness. During the more severe attack of our American egotism these facts are sometimes forgotten. The foreigner may be slow to appreciate the great benefits of modern dentistry, but is not the American equally slow? If the author of "Some Comparisons" ever had the experience of endeavoring, year after year, to induce rural "Arkansawyers" to have teeth crowned at \$5.00 per, instead of extraction at 50 cents, he will doubtless use more consideration in dealing with our foreign element. My patients consist of: Poles, Syrians, Italians, Greeks, Germans, French, Austrians, Irish, Scotch and English. I can say truthfully, that never did a foreigner cheat me or deal unfairly in any way with me. I cannot say that much for some of my "native-born" patients. I admire the foreigner, whose untiring industry here and in his native land is the secret of his success. We owe more to the foreigner than we will readily admit. A statement of the amount due him would, indeed, be a bulky affair. I have found that it is not a difficult matter to instruct the foreigner in the care of his teeth. We have egotism and to spare. What we need is patience and kindness. We must not forget that, in a certain sense, we live in glass houses and should not throw stones. As soon as we succeed in getting, say 25 per cent. of our own people to having proper attention given to their teeth, then we may drop an occasional hint to the careless foreigner.

Yours respectfully,

V. McK., D.D.S.

## ANSWERS TO QUERY OF W. H. P. IN MAY DENTAL DIGEST

*Editor DENTAL DIGEST:*

In answer to W. H. P., in May issue, p. 286, I would say extract every time. Would you keep a splinter in your finger if it were full of pus? Remove the cause, and the patient will obtain relief.

K. P. H.

*Editor DENTAL DIGEST:*

In answer to W. H. P., in May DIGEST, let me say that, in my judgment, there can be no *rule* of procedure here, for the dentist must be the judge in each particular case; if it be a tooth of little value, without an antagonist, or in malposition, or for a patient without recuperative vitality, it is certainly right to extract. But if it be a tooth that could and should be saved with reasonable ease, we should never extract merely because the patient thinks that he desires nothing else. For our patient, discouraged by the pain, or by some previous experience with an incompetent dentist, is not a good judge of what is best for him in this case. If you stand out for what you know to be right and best for him in your hands, he will remember you as a man of strength, professional honor and ability, even though he leave your office to have his will in this case.

V. C. S.

*Editor DENTAL DIGEST:*

In answer to query signed W. H. P., I would suggest that W. H. P. try and convince the patient that it was the wrong thing to do to extract a tooth because of an abscessed condition, but if he fails to convince the patient, then let him go to a "*Cheap John*" or quack, then he will be clear of any wrong-doing, for it is absolutely wrong to take out a tooth where there is the remotest chance to save it and to make it so it will give good service in the future. I will relate a case of my own, and see if W. H. P. does not think I did the right thing. I was called to see a lady patient Sunday morning to extract one ulcerated tooth and two teeth with nerves exposed. I convinced her that the best thing to do was to treat the teeth and fill, so she came to my office in the afternoon and told me she had decided to have the teeth extracted. I told her that she had decided to get a new dentist, and she wanted to know why. I told her because I would not extract good teeth just to get the small fee of three dollars. She thought I was joking until I started to leave the office; then her husband made her let me take out the two nerves and open the abscessed tooth and treat it. I sent her away without any

pain, will get thirteen dollars instead of three dollars, and will also have a clear conscience by having done what I knew was right.

Yours very truly,

R. J. M.

*Editor DENTAL DIGEST:*

In answer to your query by W. H. P., in the May issue of THE DENTAL DIGEST, "Is it proper to extract an ulcerated tooth?" permit me to say that it depends altogether upon circumstances. In my own practice I never hesitate to extract such a tooth, at least from any fear of danger arising thereof.

The Italians often say to their children, when in the dentist's chair, "Be patient now, and the doctor will take the naughty worm out of your tooth;" not meaning, of course, a worm in a vermicular sense, but rather a worm in the sense of an internal tormentor. "Remove the cause, and the effect ceases," is a saying as old as the hills.

If W. H. P. had a sliver in his toe, would he hesitate to remove it for fear he might catch cold in his foot?

Does the surgeon of to-day hesitate to open a carbuncle when and where blood-poisoning is a possibility? Under certain conditions, the continued presence of an ulcerated tooth in the human jaw leads up to and causes *reflex*, and the retention of such a tooth may result in a lawsuit against the dentist for malpractice.

G. W. WELD (M.D., D.D.S.).

*Editor DENTAL DIGEST:*

In reply to Query of W. H. P., page 286, in the DIGEST for May, 1911, would say that, to my way of reasoning, the idea that is prevalent among dentists, that it is a bad thing to extract an abscessed tooth, if conditions warrant its removal, is about as silly a one as that old idea of the laity, that an extracted tooth must be burned, otherwise a hog tooth will grow in its old socket.

In the treatment of any diseased condition it is a known fact that you cannot get a cure without first removing the cause. In the case of an abscessed tooth, the tooth is the cause, therefore it should be removed immediately, the socket thoroughly syringed with a good anti-septic wash and the patient dismissed with a prescription for a good mouth-wash and instructions to procure same at near drug store and to keep mouth thoroughly clean till socket is healed over.

Of course, it is possible for complications to set in, due to the root; but in these cases, the condition will be much more serious if the tooth, or in other words the cause, is not removed.

Yours for Dental Advancement,

J. A.

# BROTHER BILL'S LETTERS



## MEETING PRICE COMPETITION \*

MY DEAR HENRY:

I read your letter with a thoroughness of understanding which made explanations from you wholly unnecessary. I have experienced every phase of your position. I have personally suffered everything you feel. And nothing you can say will add anything to the memory of the days when I lived as you are living now.

You say that your daughter is about to enter high school, and that the attendant expense seems likely to make it impossible for you to save even the small sum you have managed each year heretofore. You cannot forego these savings without serious misgivings, and yet you cannot deny the girl the education. You say that you are now forty years old, that you have practised dentistry seventeen years, and that you feel yourself to be at the period of your greatest physical powers. You ask what the future holds for you, if this is the best you can do after these years of toil. Well, I'm going to answer you as an old friend. Maybe the answer will not be to your liking, but it will be true. And it will be worth your careful attention.

I have never forgotten the visit which I paid you two years ago, or some of the thoughts that filled my mind during my stay. It is said that the outsider can always see more of a game than the player. And I am going to give you an outline of your situation as seen by one entirely on the outside.

You are located in a very good country town of three thousand people. I did not see any manufacturing industries there, but I saw a great many homes. I did not notice any poverty, and you told me there was none. You pointed out home after home owned by the people who lived in them, and I got the impression that more than half the houses were owned by those who occupied them. I saw good curtains at the windows. In some of the homes I saw and heard pianos of good makes. Many homes have little stables at the backs, and from them came some comfortable rigs and a few automobiles. You

\* Read at the Union Meeting of the Seventh and Eighth District Society, Rochester, November 10-12, 1910.

may recall that we had several rides, and I do not remember having seen better farming country. The farms were not of great size, but were under good cultivation. Neat farm houses and good barns dotted the land. I got the impression that a good many farmers owned their farms, and certainly somebody must have owned the



"We had several rides."

numerous small herds of cattle, sheep and hogs we saw. The farm people whom I saw enter your office seemed to be very intelligent, quite as much so as the run of a city practice, I thought. If I remember right, you told me that there were only a dozen or fourteen dentists in the whole county, with something like 40,000 population.

I remember that there were two other dentists in your town. I suppose they are there yet, because if they and you are pursuing the policy you followed when I was there, they must be too poor to move away and start somewhere else.

During the day I spent in your office I didn't see anything to in-

dicate that you regarded yourself as a superior form of servant to the public, supplying them with the elements of health and strength and life. You didn't show any pride in the quality or possibilities of your service to those in need. If any right conception of your profession had ever entered your mind, it had been so long hidden that I couldn't discover it. Instead of your rightful attitude, you seemed to me more like a man who had received a beating and who feared to assert himself lest he receive another. You didn't exactly cringe to your patients, but you were not master. Again and again and again during that day I saw the outsider come in and master you.

The trouble was that you were afraid of the dentist across the street. You were afraid that he would get some practice away from you. And you couldn't spare a single patient, because you weren't making any money as it was. And if that patient's money got away, you would have even less.

One lady came in to have her mouth looked over. She needed some treatments, some fillings, some bridges and a lower partial denture. In fact, she needed about everything she could need, except a few sound lower anteriors and the makings of a good natural denture above. You went at her mouth in an intelligent manner. You told her that she needed such and such, and that you could do it. You told her what teeth should be filled, what crowned, etc. Then she asked you how much the work would cost. You named a fee that to my mind made you a likely candidate for the Poor Farm in your old age. You were to treat chronic abscesses for one dollar each. You were to put in the gold fillings for about two dollars each, and that in the days of malleted fillings. You were to make the bridgework for about five dollars a tooth. And the price of the lower partial denture was to be eight dollars. You figured up the whole bill, took a few dollars off the total and gave her a price of fifty dollars. The amount of work to be done insured that the woman would be a pretty frequent occupant of your chair for at least a month. When you gave her the price, she sat back in the chair with a well-defined expression of pained surprise and said, "Why, doctor, what makes it cost so much?" Then you told her all about the material; how expensive the gold is and how much you must use; how the bridge would be made of a certain karat of solder and the best teeth. She listened all the way through and then said, "Yes, but Dr. Moraine promised every one of those things, just as you have described them, for forty-five dollars."

That mere statement of hers took your nerve. Here were fifty whole dollars likely to slip out of your grasp because of a five dollar

bill. Perish the thought. Never should it be. If the chap across the street could do it for forty-five dollars and make money, you could do it for forty-three dollars and make a little. And it seemed better to make a little than to lose all.

All thought of real dentistry left your mind. You didn't see yourself as holding that woman's health in your hands. You didn't see her as receiving from you the greatest benefits she is ever likely to get in what remains to her life. You didn't tell her that with the right kind of dental service she would be able to masticate as she could not now. You overlooked the dangers to her life from the wells of infection present in her mouth, in the form of decayed teeth and abscesses. You did not tell her anything about her inability to breathe properly with her teeth as they were, and the absolute necessity of proper breathing to her health. You did not even use that most common and effective argument with women, the effect on her looks of the absence of her teeth, and the fact that she then looked ten years more than her age.

Even when she mentioned that she had been to the physician to get a tonic for her stomach, you forgot all these arguments, and descended to the market place, to her level, and you bid for work on the lowest possible plane, that of price competition with a fellow practitioner.

When she was gone I asked who she was, and you said, "Mrs. John Farmer, who lives in that red house west of town, where we drove last Sunday." I said, "Where I saw all those fine cattle?" and you said "Yes." And that was the woman to whom you had quoted a starvation price for much needed dental work.

It is probable that in the years that have passed since I saw you you have pursued this same form of business getting. Under such conditions I don't see where you ever saved a dollar, and I guess that but for your fine garden and chickens you wouldn't. And it is very probable that you may resent what I am going to say about your way of conducting your practice. Or if you don't resent it you may make the weakest of all excuses, "That may be all right for your community, but it cannot apply here." Whatever else you do, don't do that. My memories of you are too kindly to wish that from you. *For it is the sure sign of the man who has not the vision to see or the power to apply, to say, "It cannot be done in our town."*

Take the case of Mrs. John Farmer and her needs. She is a middle-aged woman, apparently of good sense and certainly in comfortable circumstances. The harness on the horse she drove away from your office cost more than your price for the dental work. I

know something about harnesses, and so does the chap who bought that one. He knew enough to pick out the best quality of leather, to have enough of it and to have good hand sewing. You could have driven a team of Morgans by those reins alone, and the tugs would have done service on a freight wagon. Yet she had them on a single buggy. And in passing, let me remark it was a mighty good buggy, drawn by a good horse.

You had a chance to give her a very practical education on the relation of the mouth to health and good looks. You had your opening when she spoke about her stomach trouble. She was entitled to have two stomach troubles with a mouth like that. You might have immediately taken the bidding for the work out of the miserable little field of price to which your competitor confined it, and explained to her that the materials do not cost much, even the gold. You might have shown her that it was service she needed, skilful, patient service; and that unless she got that no amount of materials would do her any good. You could have talked on this line plainly and sensibly till you opened her eyes to the fact that she wasn't buying materials, that she was buying something that you had in your brain and your fingers, and that that was the thing she had to have.

It is a poor sort of a friend who criticises what one is doing without making any suggestions for doing it better. And even at the risk of making this letter too long, I'm going to offer a few suggestions which have proved of practical value. I want to recall to your mind a few of the talking points which you might have used with Mrs. Farmer in order to get from her the right kind of an order. Every one of these has to do with her physical condition, and you can make her understand them all.

First. She cannot properly chew her food. She owned up to a stomach trouble, and while they will not always own up to it, it is usually a pretty safe guess that they have it, occasionally or constantly, when the food cannot be chewed. Inability to chew food properly means just two things, that the body does not get proper nutrition to support its daily activities, and that old age or illness will find the body a much easier prey. When Mrs. Farmer quoted Dr. Moraine's price of forty-five dollars for that work, you might have said, "Yes, and I can repair those gaps for forty-five dollars, but merely filling the gaps is not all that is needed in your mouth. I am trying not alone to fill up those spaces, but to restore the power of mastication that you once had, as nearly as may be. The mechanics of the mouth are among the finest in the world. They are of divine origin, and man cannot entirely replace them, but if he is allowed to do the best he knows how,

he can go a long way toward it. That restoration is entirely different from merely putting in some fillings and bridges and plates. I am trying to take your work out of the mere mechanical field and do it as I know it should be done. The very same materials are used, but I want to put with them the knowledge and skill which my profession affords. That is much greater now than it was a few years ago, and it makes possible restorations which will be of great benefit to you. If you will let me do as I know it should be done, it will return to you so much greater benefits in health and comfort, as to make the difference in price seem small."

Now take up one of her other needs which is just as great. I suppose you know that breathing through the mouth is one of the worst things a patient can do, but I did not hear you explain just why it is one of the worst. Let me remind you. In the first place, many of the disease germs which get into the body are probably breathed in through the mouth. The nose has a pretty good strainer, and the path followed by the air when breathed through the nose deposits most of these germs where they will not do great harm. But when air is breathed into the mouth, it is not strained. All its load of infection is taken at once into the air tract. And often enough infection lodges in the mouth or throat and later does harm.

Air breathed into the mouth carries dust and dirt which irritates the tissues about the inner end of the Eustachian tube, it finally closes up, and in this leads to trouble of the middle ear deafness. Did you ever notice how many people begin to get hard of hearing in middle life? More than half of these cases are said to originate in breathing through the mouth. Why do I write you all this? Because it is the best selling information in the world. Here is how to use it.

No person can breathe properly through the nose unless it is clear. But note this. Even when the nose is clear one will not breathe through it unless the teeth are in such positions as make it easily possible for the patient to keep the lips closed. Do you see the importance of this? When you make a restoration, you have something more to do than to merely put back the proper number of teeth. You have something more to do than merely to make those teeth capable of mastication. You must also make them so that the lips will unconsciously be kept closed, except when used for speech and mastication. If you do not keep this in mind you may expose your patient to infection or ear trouble. Doing that takes time and skill and trouble. But you can make it so plain to Mrs. John Farmer that she will understand it or enough of it for your purposes. And she will want it. Maybe she will think it too big for her to accept without thought. If

such is the case, see that before she leaves, you tell it to her all in a few words and very plainly. You might even write the headings down on paper. Perhaps she will study it over, or ask her physician. If she does and he is wise (that is if you've done your duty in giving him a little information as opportunity arose), he will probably give such work a boost that you will secure her permanent patronage. Some-



Mr. Merchant had an extra fine piece of goods.

times I've had patients wait for months to earn or save the money for that grade of work, when cheaper work could have been had at once.

She may take it to Dr. Moraine and ask him about it. Well, she couldn't do anything better, even if you lose her work thereby. For if he says, "There's nothing to all that talk, all you want is some teeth filled and some in," he is very apt to destroy his standing in her eyes and to send her back to you. But if he secures the work, and does it on the plane which his comment indicated, that is without regard to the considerations you laid down, it is likely to prove very unsatisfactory to Mrs. Farmer. And it may secure for you her continual "boosting" to her friends. Some cases that I have lost have proved

very profitable to me in the work that has been sent by the very patient whom I lost, but whom I educated.

Finally, Dr. Moraine couldn't do the work on the basis you might have laid down, for the sum of forty-five dollars, without having to run every time he saw the grocer coming, for sheer inability to pay his bill. And he'd soon quit that sort of thing.

I haven't said anything about the difference between merely putting medicine into an abscessed tooth and really treating it, because you ought to know the difference. And your own judgment ought to tell you how to make that difference plain to people. For the same reason I will only mention the importance of proper contour for occlusal fillings.

What I'm trying to make plain to you is that you have right at hand the finest line of service selling talk that one could ask, and that by proper use of it you can put your practice on any plane you wish at remunerative fees. But you will never get your practice there by neglecting such opportunities and fighting on the price basis.

If you had given Mrs. Farmer this kind of an education that morning, you would probably have secured her patronage at twice the fees which Dr. Moraine quoted, or more. I have secured work in this way at an increase of 750 per cent. over the fee which had been just quoted for the work in the same mouth. And these patients are the most appreciative of my clientèle.

Mr. and Mrs. John Farmer buy good qualities of things they know about. That horse and buggy and harness showed that. The material in her clothes was of excellent quality. The implement man who sells to them could educate you. So could the man who sells them cloth or clothes, and doubtless many others. When they see Mrs. John Farmer coming they don't bring out the cheapest lines of their wares. They bring out something better than she intended to buy, and then they educate her up to it. And when she gets into the buggy to ride home, she says, "John, I bought a new dress. I paid a little more for it than I expected to, but Mr. Merchant had an extra fine piece of goods. And it will wear so long and look so well, that it will be really cheaper in the end." And John says, "All right."

How do I know they take it this way? Partly because I've heard them, partly because I've done it myself. Partly because I take it that way nearly every time I fall into the hands of a salesman who knows his business and who sells me something a little better than I intended to buy. But the pleasure from the quality remains long after the memory of the price has faded.

How do I know you can do such things with patients? I know from experience. I've had it so hot and heavy with my competitor that he has come into my office, accompanied my patients to the street and quoted lower prices to them just outside the door. And still they



"Doctor, you explain it to mother."

have come back and taken the higher priced work because they believed it worth the difference. I've had hard times doing it, and I've been much poorer than I hope to ever be again. But if it were necessary it could be done over again to-morrow.

The trouble is that you live in fear of the dentist across the street, and he lives in fear of you. Both of you are wrong in that. There is

enough dental work possible for both of you to assure you the finest kind of practices. But you are not developing it. You are fighting for what comes in, and both of you are passing by enough to tax all your working hours. Three people out of four in your community need you. They only await the education.

Do you suppose the public in your place does not know that you can be "worked"? Do you think that Mr. and Mrs. John Farmer locked their victory up in their hearts and said nothing of it? Do you not know that both he and she said that Dr. Moraine wanted to charge them a high price, but that you agreed to do it for less? They didn't tell what a magnificent piece of work you were going to do for them. They couldn't, they never heard it put that way, even by you.

The dentist across the street should be your friend. You are both there to serve the community and to reap the just reward of such service. You are not dental depot men, selling material. You are selling the most necessary form of service. There is nothing to prevent your being a better dentist than your competitor or a better salesman, so that you sell on the right plane. There is nothing to prevent your so educating your patients that you will have more work than you can do. There is nothing to prevent your educating your public to such appreciation of dentistry as a whole, and your exposition of it in particular, that they will regard you as a valuable servitor, and will reward you with profitable fees. You cannot do this by price competition.

Just after leaving your town I stopped at B——, and met there an old acquaintance who runs a rather low-down dental office. As I looked out of his window I saw a sign on a nearby corner and said, "You have competition pretty close, haven't you?" He said, "Oh, that's M——." And he came over and sat down in front of me and said most earnestly, "There's something funny about that fellow. He's just a plain, ordinary dentist, but he has all the best people in town. They don't seem to care what he charges them, and I couldn't pry his patients away with a crowbar. Once or twice some of them have come in to see about work. I've quoted them very close prices, but somehow I couldn't seem to interest them. Occasionally he sends me a patient whom he can't take care of. I'd like to know how he hypnotizes them."

That sounded so good to me that I called on M——. He was just an ordinary dentist with an ordinarily good office. Two persons were in his reception room, evidently awaiting a third who was in the chair. Soon the third person, a young lady, came out accompanied by Dr. M——. She said, "Doctor, you explain it to mother." And he then

gave her one of the simplest, plainest, most intelligent talks about the case that I ever heard. When he was done all of them understood what was necessary and why. And they made an appointment for her to return later.

I didn't need to ask further "how he hypnotized them." He didn't hypnotize, he educated.

If you will adopt such a plan you will not have any trouble about sending the girl to the high school and to college if you wish. But in my case at least, the shadow of a poverty-stricken old age would project itself far enough down my life to prevent my running in price competition with the dentist across the street.

Bill

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LOCATION.—Location is not everything, but we might as well admit that it is mighty important. In this connection it is well to consider that just because you are located on an undesirable spot there is no real reason why you should stay there forever. Make the best of it as long as you must, and so contrive that as soon as a better and more desirable location offers, you will be in a position to make a change; but be very sure that it is a change for the better.—*The Spatula*, March, 1911.—*Dental Brief*.

A FEW DON'TS.—Don't mope when you don't know what to do, stir around and find something that needs doing and is worth doing; never give up when you think you're licked, take a deep breath, and keep on hammering, another blow or two may make a winner. Patience is all right, but don't be too fond of her; push and pushing, with a little grit, will quite often prove better than "having patience." Something "just as good" is "no good" if it is not what you want. Worshipping ideals and fads may be poetic, but a long line of prosy common sense helps most in a day's work.—*Dental Brief*.

HE who trusts to luck will not be lucky. It is the man who does the right thing at the right time who is lucky.—*System*.



Society for Savings Building  
Chamber of Commerce  
Superior Avenue

Government Building

Euclid Avenue

Public Square

CLEVELAND, OHIO

## COME TO CLEVELAND FOR THE NATIONAL DENTAL ASSOCIATION, JULY 25, 26, 27, 28, 1911

**PROGRAM.**—A full literary program—approximately 300 clinics—unusually large and varied dealers' exhibit, an ideal convention city, and your presence required to further the great interests confronting the profession to-day, viz.: State and National reorganization, Oral Hygiene, National Journal, and good-fellowship.

**RAILROAD RATES.**—Since the advent of the two-cent fare, concessions have not been made for our National Meetings, but this year a concession of one and one-half fare (certificate plan) by the Central Passenger Association, with modifications by the other passenger associations, has been granted. Those residing in territory outside of the Central Passenger Association should consult their ticket agent, and if satisfactory information cannot be obtained, write to Dr. G. D. Lovett, 761 Rose Building, Cleveland, Ohio, and he will instruct you.

As 1,000 certificates are required, and the number returned will much influence future concessions, it is desired that every one attending the meeting shall obtain a convention certificate with his railroad ticket, and present the same to the Information Bureau upon arrival. You are requested to do this whether you wish to return by the same route or not.

**HOTELS.**—Below is given a list of the principal hotels, with their rates. *You should write the hotel of your choice and make reservation early.*

A large attendance is assured.

### EUROPEAN PLAN

	Single Without Bath	Single With Bath	Double Without Bath	Double With Bath
Hollenden Hotel, Superior and E. 6th St. Headquarters for National Dental Association and National Faculties Association	\$2.00	\$2.50 3.00 3.50 4.00	\$3.00	\$4.00 and \$5.00
Colonial Hotel, Colonial Arcade and Prospect Ave.—Headquarters for National Association Dental Examiners.....	\$2.50	\$3.00 and \$4.00	\$4.00 and \$4.50	\$5.00 and \$5.50
Hotel Euclid, Euclid Ave. and E. 14th St.— Headquarters for Clinicians.	\$1.50 and \$2.00	\$2.00 2.50 3.00 4.00	\$2.50 and \$3.00	\$3.00 3.50 4.00 5.00
Gilsey Hotel (Stag), East 9th St.			\$2.00 3.00	\$3.50 4.00

	Single Without Bath	Single With Bath	Double Without Bath	Double With Bath
Tavistock and Wyandotte, Huron Road and E. 9th St.	\$1.00 and \$1.50	\$2.00 and \$3.00	\$2.00 and \$2.50	\$3.00
Morland Hotel, 1600 Euclid Ave.	\$1.00	\$1.50 2.00	\$1.50	\$2.00 3.00
Fuller, Euclid Ave. and E. 17th St.	\$1.00	\$1.50	\$1.50	
Hawley House, St. Clair and W. 3rd St.	75c-\$1. \$1.50			
American House, Superior and W. 4th St.	\$1.-\$1.50			
Kennard, St. Clair and W. 6th St.	\$1.00 1.50	\$2.00 2.50	\$2.00 2.50	\$3.50 4.50

## AMERICAN PLAN

Colonial Hotel, "A Famous Cuisine."	\$4.00 4.50	\$4.50 5.00	\$7.00 8.00	\$8.00 9.00
Tavistock and Wyandotte.	\$2.00	\$2.50	\$4.00	\$5.00
Forest City House, Public Square.	\$2.00 2.50 3.00	\$3.50		
American House.	\$2.-\$3.			
Kennard House.	\$2.00 2.50	\$3.00 3.50	\$4.00 5.00	\$6.00 7.00

**MEMBERSHIP.**—All the members of the State Associations are eligible for membership in the National Association on certificate signed by the officers of their associations.

Make this a part of your vacation trip—a royal time is assured you.

**MEDICINE AND DENTISTRY IN SOUTH AFRICA.**—Under date of January 10, 1911, Consul Edwin S. Gunsaulus, of Johannesburg, reports that each of the four provinces forming the South African Union has its own separate laws dealing with the practice of medicine and dentistry, but that it is only a matter of a few months until the laws of the four provinces will be consolidated by a medical and dental act for the Union. Under existing laws no American can be registered to practice medicine or dentistry unless through qualification granted by a licensing authority in the United Kingdom or in a British colony.—*The Dental Brief.*



# PRACTICAL HINTS

[This department is in charge of Dr. V. C. Smedley, 604 California Bldg., Denver, Colo. Every item published in this department will pass through his hands, and to avoid unnecessary delay Hints should be sent direct to him.]

**TO CLEAN INSIDE OF SALIVA TUBE.**—Pump peroxide and pumice through with a heavy broom straw, rolled in cotton.—J. F. WARDNER, D.D.S., Lackawanna, N. Y.

**TO TAKE UP EXCESS MERCURY FROM AMALGAM FILLINGS.**—Use surplus of the mix squeezed dry.—J. F. WARDNER, Lackawanna, N. Y.

**TO AVOID THE BLACKENING OF CAST ALUMINUM DENTURES FROM VULCANIZING.**—Paint palatal surface with the chloro percha after it is waxed up. After vulcanizing, wipe with cloth wet in chloroform.—J. F. WARDNER, Lackawanna, N. Y.

**HEMORRHAGE.**—In order to promote clotting in a patient whose coagulation time is delayed by some pathologic state, 45 to 75 grains of calcium chlorid daily, for three or four days prior to the operation, is a good treatment.—LEGRAND M. COX, St. Louis, *The Dental Review*.

**CLEANING TRAYS.**—Give trays a coat of sweet oil with woolen cloth dipped in oil. Put them in strong soapsuds, boil and wipe dry. Now polish with whiting by using a woolen cloth or fine leather. In this way you can keep your trays bright and clean and the plaster will not adhere to them.—R. H. DANIELS, Peoria, *The Dental Review*.

**WAX IMPRESSION.**—In taking a wax impression for an inlay, shape the wax like a wedge so that one end of it may be placed over the entire gingival wall before any pressure is exerted. This will insure a perfect impression of the gingival margin.—O. DEFOREST DAVIS, Minneapolis, *The Dental Review*.

**AQUEOUS SOLUTION OF SHELLAC.**—Dr. W. H. Taggart (*Items of Interest*) says that ordinary shellac must be dissolved in alcohol, but it may also be dissolved in water by placing equal parts of shellac and

borax into the water at one time. A clear solution will rise to the top day after day, and water may be added to the sediment from time to time. The advantage of an aqueous solution is that it may be used upon the impression while still wet, thus saving much time.—*Dental Practice*.

**PERMANENT TRIAL FILLINGS.**—Most of us after treating a molar tooth with a putrescent pulp, fill the canals and then seal the tooth with temporary stopping, leaving it in this condition for a week or longer, to be sure it is in good condition to be permanently filled, with the result that in nine times out of ten, or even more frequently, there is no trouble and at a subsequent sitting we insert the filling. The writer now fills the canal and chamber in the usual way, then fills with gutta-percha, a reasonable portion of the cavity, and then over that he inserts his amalgam filling. If there is trouble the patient is cautioned to report at once, which almost never happens, and it is almost as easy to open up as the temporary filling; if not, you have saved time and have what has proved after four years of trial, to be a splendidly serviceable filling.—J. NEALES, D.D.S., Providence, R. I.

**HOW TO REPLACE BROKEN PIN FACINGS IN THE MOUTH.**—Cut off old pins and stone the bridge to flat surface. Grind one of the interchangeable facings (Steele's or Evslin preferred) to fit space; then flow a very thin layer of wax on the flat surface of bridge, moisten facing and press to place on wax. Then remove facing by sliding downward so you may leave impression of slot on bridge. Then with Steele's bridge repair outfit, take small drill and mark wax in center of slot, then drill two holes, then thread holes, then with screw holder, place little screws in place; then put facing on and try to get a tight fit; remove and fill slot in facing with cement; slip to place, and hold until cement is hard, then burnish backing over facing tip. Be sure to have clean surface for cement. Clean with grain alcohol.—H. D. CAMMACK, D.D.S., Crossette, Ark.

**A SUGGESTION.**—I find that by coating the impression with a saturated solution of paraffin dissolved in gasoline (first staining the impression by means of aqueous solution of carmine, or marking with indelible pencil while plaster is still moist) I can accomplish the same result in about three minutes, for the impression will be ready for pouring as soon as the plaster can be mixed after the paraffin solution is applied, and it will be unnecessary for the impression to be soaked, for, soak as much as you will, no air bubbles will escape from it, and a good

model is secured. Another point in favor of the paraffin solution is that the coating is so thin that there is no possible chance of any disparity between size of impression and model, as there might be should the varnishes used happen to be a little too thick, and the annoyance of having the caps on the bottles forever stuck fast just as one wants to use the contents of the bottle in a hurry, is overcome.—DR. A. P. KILBOURNE, D.D.S., *Dental Summary*.

BRIDGING ANTERIOR TEETH WITHOUT DISPLAYING ANY GOLD LABIALLY OR DESTROYING PULPS.—Remove enamel on lingual surface of two adjoining teeth to allow the use of two strong plates of gold. Drill two parallel holes without involving pulp, and a small pit in the gingivæ portion of the tooth. Take wax impression with inlay wax; trim to proper articulation. Withdraw and cast. Place cast on teeth, take bite and impression and finish in the usual way. The post can be serrated so as to give additional attachment to the cement.—DR. N. J. MAUN, Tekamah, Neb., *Western Dental Journal*.

SCIENTIFIC MOVEMENT OF A BROACH IN THE ROOT-CANAL OF A POSTERIOR TOOTH.—The broach is inserted and held in such a manner that pressure may be produced upon the broach toward the apex of the root, also so that the stem of the broach is free from all edges of the cavity and not allowed to rest against any edge during the rotation. In this manner the broach may be rotated at will, reducing the danger of breaking by at least fifty per cent. In removing the broach, slide the finger to the opening of the cavity and raise the broach with the finger at that point, thus avoiding any binding upon the edge of the cavity, and rendering the removal of the broach very easy and sure.—W. M. CLAWSON, *Dental Summary*. (From *Dental Cosmos*.)

FOR WRITING LABELS ON GLASS BOTTLES.—Use a small carborundum wheel in your engine for writing labels on your glass bottles. Never washes off, and is easy to keep clean. Just the same as etching.—KARL P. HEINTZ, D.D.S.

TO CLEAN AND POLISH TEETH.—When cleaning and polishing the teeth, if one will add dioxogen to the pumice, instead of water, they will readily note the cleansing effect of such a combination. To persons who dislike the taste, one may add a flavoring suitable.—M. A. WOODS, D.D.S.



## TWENTIETH CENTURY DENTISTRY \*

By W. A. SPENCER, D.D.S., CARBONDALE, PA.

The selection of a subject for a paper to be read on an occasion like the present, by one who has no pet hobbies, is not an inventor, and who is himself indebted to the profession for most of what enables him to continue in practice, is a difficult task. The best that can be hoped for is that he may, through experience and observation, be in a position to comment upon present-day methods of practice and the tendency of the times in relation to the welfare of the dentist and his patient.

Twenty years ago we were told by prominent men in the profession that the service of the dentist was a luxury, and I believe that the public in general was of that opinion. To-day, however, the service of the dentist is conceded to be a necessity. Our aid is now rarely sought to gratify the vanity of the individual, and we are less frequently called upon to simply relieve a condition of suffering. We have assumed a more responsible position, and are required to furnish to our patients not only freedom from pain and an esthetic appearance, but to safeguard the general health so dear to every thoughtful person. Each generation sees an increased demand upon the medical and dental professions for instruction in prophylactic measures. The public generally is more willing to act upon the advice of authoritative persons in hygienic matters, and more willing to learn those things which conserve the health and beauty of the individual.

The time is fast approaching when those in charge of public schools and public institutions will be required to provide proper means whereby those under their care may receive instruction and, if need be, service along dental lines.

The dentist who fails to recognize these tendencies is not awake to his opportunities, and if he neglect to instruct by all legitimate and unselfish methods those whose confidence he holds, is not performing his whole duty toward the public nor toward his brother practitioner.

\* Read before the Susquehanna Dental Association of Pennsylvania, at its annual meeting, at Harvey's Lake, Pa., May 24, 1910.

## THE PUBLIC AND THE "PARLORS"

The public is not interested in the ethical side of professional practice, and is therefore not qualified to distinguish between the ethical and the unethical—in fact, could scarcely tell one the difference between a dental society and a labor union; has no objection to a legitimate advertisement of any kind—indeed in its thirst for knowledge demands advertising. The public can, however, distinguish between the narrow, selfish, personal kind of treatment, and the broad, unselfish humanitarian kind that should naturally be expected to emanate from these claiming professional dignity. The tendency among professional men to allow the unscrupulous to furnish the great bulk of enlightenment to the public cannot be of the highest benefit to the public nor for the greatest good of the dental profession. Time spent by capable men and money spent by unselfish dental societies would produce a character of advertising calculated to benefit humanity and elevate the profession.

A former period of secrecy and jealousy has been followed by a period of good-fellowship and helpfulness among dentists, and a product of this period is the dental society. Through this institution we are coming closer to other professional bodies and to the public itself. Through it we can institute educational and charitable work with less danger of the accusation of selfishness and narrowness. The lines along which the physician, the dentist, and the public have been laboring are coming much nearer together than they have been, and the separating factors of selfishness and suspicion are less prominent, while the opportunities for harmonious work for the general good were never so abundant as at present. The suspicious, critical man is now the exception. Readiness to acknowledge professional and business ability in another of like calling, and willingness to lend a hand to any who show the least ethical disposition is the rule.

## FEES

Sound business principles applied to practice, and a wholesome desire to know the actual cost of professional service, are commanding attention. The cost system of bookkeeping so carefully worked out by up-to-date manufacturing companies is studied by thoughtful men. Not long ago a young practitioner called my attention to some figuring he had done, and it might be of interest to review his work here. His object was to ascertain what amount per hour should be applied to fixed charges—providing that he worked seven hours per day and two hundred and seventy days per year. Two hundred and seventy days per year would leave him free Sundays, holidays, and allow a month's vacation. Here are the figures:

Cost of dental education, including board during college terms.....	\$1,800
Amount he might have saved in three years, had he not gone to college.....	600
Total .....	\$2,400
Interest at 6 per cent. per annum.....	\$144
Cost of locating and equipping office—\$1,600—upon which interest is figured to cover depreciation .....	160
Office rent, at \$25 per month .....	300
Insurance .....	20
Bad accounts .....	100
Care of office .....	100
Fixed charges per year.....	\$824

The sum of \$824 divided by 1890, the number of working hours per year, gives him  $43\frac{1}{2}$  cents per hour fixed charges. While the figures are not accurate by any means, they are surely conservative, and they illustrate a point vital to all of us. It may be seen that this man must figure on  $43\frac{1}{2}$  cents per hour before he adds any cost of material going into his work. If after such addition he includes the salary he ought to command, he will arrive at the proper charges to make to his patients. Is it any wonder, with the fees for which some dentists work, that they are required to labor nights, Sundays, and holidays, and are too busy to devote any time to outside projects or charitable enterprises?

Many dentists, through inexperience or lack of confidence in themselves, fail to place the proper valuation on their services, and through false pride and a desire to be considered "classy" convey impressions which are misleading. At first they think they are succeeding financially, and when they discover they are not, are too proud to live less expensively and too much afraid of losing patronage to greatly raise their fees. Many a dentist endeavors to maintain a social position among people whose financial standing makes them desirable as patients, when his income will not allow him to do so. He is often led to live so close to his earnings that it is a continual struggle to pay his bills, to say nothing of saving anything. He is continually putting the best foot forward. The public and those of his set never realize the heavy expense under which he is placed for education, equipment, and supplies, and the comparatively short period of his active professional life, call him a "good fellow," and if he pays as he goes they consider his financial success assured; while, as a matter of fact, when his body is bent and worn, his nervous system short-circuiting, his accelerator useless, he is consigned to the scrap-heap—a financial failure!—*The Dental Cosmos*.

## RHEUMATISM :—WHAT IT IS AND PARTICULARLY WHAT IT ISN'T

BY WOODS HUTCHINSON, A.M., M.D.

(*Concluded from May issue*)

### WHAT AN ARMY SURGEON DISCOVERED

Not only is this good *à priori* reasoning, but it has been demonstrated in practice. One of our largest United States Army posts had acquired an unenviable reputation from the amount of rheumatism occurring in the troops stationed there. A new surgeon coming to take charge of the post set about investigating the cause of this state of affairs, and came to the conclusion that the disease began as, or closely followed, tonsillitis and other forms of sore throat. He accordingly saw to it that every case of tonsillitis, of cold in the head or sore throat was vigorously treated with local germicides and with intestinal antiseptics and laxatives, until it was completely cured; with the result that in less than a year he succeeded in lowering the percentage of cases of rheumatism per company nearly sixty per cent.

At some of our large resorts, where great numbers of cases of rheumatism are treated, it has been discovered that if a case of common cold, or tonsillitis, happens to come into the establishment, and runs through the inmates, nearly half of the rheumatic patients attacked will have a relapse or new seizure of their rheumatism. Accordingly, a rigorous and hawk-like watch is kept for every possible case of cold, tonsillitis or sore throat entering the house; the patient is promptly isolated and treated on rigidly antiseptic principles, with the result that epidemics of relapses of rheumatism in their inmates have greatly diminished in frequency.

If every case of cold or sore throat were promptly and thoroughly treated with antiseptic sprays and washes, such as any competent physician can direct his patients to keep in the house, in readiness for such an emergency, combined with laxatives and intestinal antiseptic treatment and, above all, with rest in bed as long as any rise of temperature is present, with little question there would be a marked diminution in both the frequency and the severity of rheumatism. If to this were added an abundant and nutritious dietary, good ventilation and pure air, an avoidance of overwork and overstrain, we should soon begin to get the better of this distressing disease. In fact, while positive data are lacking, on account of the small fatality of rheumatism and its

consequent infrequent appearance among the causes of death in our vital statistics, yet it is the almost unanimous opinion of physicians of experience that the disease is distinctly diminishing, as a result of the marked improvement in food, housing, wages and living conditions generally which modern civilization has already brought about.

So much for acute rheumatism. Vague and unsatisfactory as is our knowledge of it, it is, unfortunately, clearness and precision itself when contrasted with the welter of confusion and fog which covers our ideas about the *chronic* variety. The catholicity of the term is something incredible. Every chronic pain and twinge, from corns to locomotor ataxia, and from stone-in-the-kidney to tic-douloureux, has been put down as "rheumatism." It is little better than a diagnostic garbage dump or dust heap, where can be shot down all kinds of vague and wandering pains in joints, bones, muscles and nerves which have no visible nor readily ascertainable cause. Probably at least half of all the discomforts which are put down as "rheumatism" of the ankle, the elbow, the shoulder, are not rheumatism at all, in any true or reasonable sense of the term, but merely painful symptoms due to other perfectly definite disease conditions of every imaginable sort. The remaining half may be divided into two great groups of nearly equal size. One of these, like acute rheumatism, is closely related to, and probably caused by, the attack of acute infections of milder character, falling upon less favorable soil.

The other is of a vaguer type and is due, probably, to the accumulation of poisonous waste-products in the tissues, setting up irritative and even inflammatory changes in nerve, muscle and joint. Either of these may be made worse by exposure to cold or changes in the weather. In fact, this is the type of rheumatism which has such a wide reputation as a barometer and weather prophet, only second to that of the United States Signal Service. When you "feel it in your bones" you know it is going to snow, or to rain, or to clear up, or become cloudy, or whatever else may happen to follow the sensation, merely because all poisoned and irritated nerves are more sensitive to changes in temperature, wind-direction, moisture and electric tension, than sound and normal ones. The change in the weather does not cause the rheumatism. It is the rheumatism that enables us to predict the change in the weather, though we have not the least idea what that change will be.

Probably the only statement of wide application that can be made in regard to the nature of chronic rheumatism is that a very considerable per cent. of it is due to the accumulation of poisons (toxins) in the nerves supplying joints and muscles, setting up an irritation

(neurotoxis) or, in extreme cases, an inflammation of the nerve (neuritis), which may even go on to partial paralysis, with wasting of the muscles supplied. The same broad principles of causation and prevention, therefore, apply here as in acute rheumatism.

#### DIET, RIGHTLY UNDERSTOOD

The most important single fact for rheumatics of all sorts, whether acute or chronic, to remember is that they must *avoid exposure to colds*, in the sense of infections of all sorts, as they would a pestilence; that they must eat plenty of rich, sound, nourishing food; live in well-ventilated rooms; take plenty of exercise in the open air to burn up any waste poisons that may be accumulating in the tissues; dress lightly but warmly (there is no special virtue in flannels), and treat every cold or mild infection which they may be unfortunate enough to catch according to the strictest rigor of the antiseptic law.

The influence of diet in chronic rheumatism is almost as slight as in the acute form. Persons past middle age who can afford to indulge their appetites and are inclined to eat and drink more than is good for them, and, what is far more important, to exercise much less, may so embarrass their liver and kidneys as to create accumulations of waste products in the blood sufficient to cause rheumatic twinges. The vast majority, however, of the sufferers from chronic rheumatism, like those from the acute form, are underfed rather than overfed, and a liberal and abundant dietary, including plenty of red meats, eggs, fresh butter, green vegetables and fresh fruits, will improve their nutrition and diminish their tendency to the attacks.

There appears to be absolutely no rational foundation for the popular belief that red meats cause rheumatism, either from the point of view of practical experience or from that of chemical composition. We now know that white meats of all sorts are quite as rich in those elements known as the purin bodies, or uric acid group, as red meats, and many of them much richer. It may be said in passing, that this last-mentioned bugbear of our diet reformers is now believed to have nothing whatever to do with rheumatism, and probably very little with gout, and that the ravings of Haig and the Uric Acid School generally are now thoroughly discredited. Certainly, whenever you see any remedy or any method of treatment vaunted as a cure for rheumatism, by neutralizing or washing out uric acid, you may safely set it down as a fraud.

One rather curious and unexpected fact should, however, be mentioned in regard to the relation of diet to rheumatism, and that is that

many rheumatic patients have a peculiar susceptibility to some one article of food. This may be a perfectly harmless and wholesome thing for the vast majority of the species, but to this individual it acts as a poison and will promptly produce pains in the joints, redness and even swelling, sometimes accompanied by a rash and severe disturbances of the digestive tract. The commonest offenders form a curious group in their apparent harmlessness, headed as they are by strawberries, followed by raspberries, cherries, bananas, oranges; then clams, crabs and oysters; then cheese, especially over-ripe kinds; and finally, but very rarely, certain meats, like mutton and beef. What is the cause of this curious susceptibility we do not know, but it not infrequently occurs with this group of foods in rheumatics and also in asthmatics.

Both rheumatics and asthmatics are also subject to attacks of urticaria or "hives" (nettle-rash) from these and other special articles of diet.

As to the principles of treatment in a disease of so varied and indefinite a character, due to such a multitude of causes, obviously nothing can be said except in the broadest and sketchiest of outline. The prevailing tendency is, for the acute form, rest in bed, the first and most important, also the second, the third and the last element in the treatment. This will do more to diminish the severity of the attack and prevent the occurrence of heart and other complications than any other single procedure.

#### ESCAPING ONE'S INHERITANCE

After this has been secured, the usual plan is to assist nature in the elimination of the toxin poison by alkalies, alkaline mineral waters and other laxatives; to relieve the pain, promote the comfort and improve the rest of the patient by a variety of harmless nerve-deadeners or pain-relievers, chief among which are the salicylates, aspirin and the milder coal-tar products. By a judicious use of these in competent hands the pain and distress of the disease can be very greatly relieved, but it has not been found that its duration is much shortened thereby, or even that the danger of heart and other complications is greatly lessened. The agony of the inflamed joints may be much diminished by swathing in cotton, wool and flannel bandages, or in cloths wrung out of hot alkalies covered with oiled silk, or by light bandages kept saturated with some evaporating lotion containing alcohol. As soon as the fever has subsided, then hot baths and gentle massage of the affected joints give great relief and hasten the cure.

But, when all is said and done, the most important curative element, as has already been intimated, is six weeks in bed.

In the chronic form the same remedies to relieve the pain are sometimes useful, but very much less effective and often of little or no value. Dry heat, moist heat, gentle massage, and prolonged baking in special metal ovens, will often give much relief. Liniments of all sorts, from spavin cures to skunk oil, are chiefly of value in proportion to the amount of friction and massage administered when they are "rubbed in."

In short, there is no disease under heaven in which so much depends upon a careful study of each individual case and adaptation of treatment to it personally, according to its cause and the patient in which it occurs. Rheumatism, unfortunately, does tend to "run in families." Apparently some peculiar susceptibility of the nervous system to influences which would be comparatively harmless to normal nerves and cells is capable of being inherited. But this inheritance is almost invariably "recessive," in Mendelian terms, and a majority of the children of even the most rheumatic parents may entirely escape the disease, especially if they live rationally and vigorously, feed themselves abundantly, and avoid overwork and overcrowding.—*Saturday Evening Post.*

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### GENEROUS APPROPRIATION

THE semi-annual meeting of the Empire State Dental Society was held in the Onondaga Hotel at Syracuse on June the 14th. A fund of \$20,000 was appropriated to carry on a campaign for the education of the public in the proper care of the teeth.

At the same session officers were elected for the coming year as follows: President, Dr. Harry C. Webb, of Syracuse; first Vice-President, Dr. B. B. Williamson, of Albany; second Vice-President, Dr. W. A. Howlands, of Utica; Secretary, Dr. R. Q. Mills, of Rochester; Treasurer, Dr. M. J. Evans, of Utica; Chairman of Executive Committee, Dr. C. G. Myers, of Troy.

Thirty-five members were in attendance; forty-eight new members were admitted.

## EDITORIAL

WHAT WILL THE NATIONAL DENTAL ASSOCIATION DO  
ABOUT ORAL HYGIENE?

LAST July the Executive Council of the National Dental Association sandbagged the most intelligent effort ever made to demonstrate the value of community oral hygiene. It did it in a resolution as a "rider" to some words of empty praise and a worthless promise. Here is the story.

There are many noble efforts to establish oral hygiene as applied to a community. Clinics here and there are supported by the efforts of some of the noblest of our profession and the aid they solicit. But maintenance of clinics as private charities is no proper or enduring base for oral hygiene, save in rare cases of great endowment, as in The Forsyth Infirmary, Boston. Community oral hygiene is properly a community enterprise, to be conducted by the community as a public economy, and to be open to every poor child at least, as part of his community rights. This is the basis of its conduct in Germany.

Before communities can be induced to take up such enterprises, it must be clearly demonstrated that oral hygiene effects an economy in health, in efficiency or in money. In other words, oral hygiene must be shown to be worth more than it costs. Such proof must be by demonstration rather than merely by assertion.

The Oral Hygiene Committee appointed by The National Dental Association in 1909 sought to provide such proof in a form which could not be gainsaid, and to afford dentists everywhere the resulting information that it might be used to influence communities to establish oral hygiene clinics on proper bases. Circumstances favored Cleveland as the proving ground.

The Committee gained the coöperation of the Cleveland Board of Education, examined some thousands of pupils, found ninety-seven per cent. of them in need of active dental service, and obtained permission to establish clinics in certain school buildings. All of this was done without expense to the National Association, but that Association was unable to finance the rest of the campaign. Three hundred dollars was the limit of its support. The Ohio State Dental Society, stirred by what had been done, voted \$500 for educational work within the state. The Cleveland Dental Society voted to man the clinics if they could be established.

Funds for the equipment of the clinics, for the proper conduct of the campaign and the making and furnishing of records were now

absolutely necessary. It avails nothing to relate the struggles of the Committee to raise money. Suffice it to say that appeals to The National Association, to the profession at large and to private charity were unavailing.

As a last resort the Chairman of the Committee appealed to a group of men who had an interest in dentistry, the dental manufacturers. The important manufacturers, with the exception of The S. S. White Dental Mfg. Co. and H. D. Justi & Son, listened to the appeal of the Chairman and appointed a committee consisting of two dentists and one business man, to investigate the merits of the proposition. They then agreed, by concerted action, to honor the vouchers of the Chairman to the extent of \$4,000. In addition to this, individual manufacturers loaned six complete operating outfits, having a cash value in excess of \$3,000.

Remember that the manufacturers were not asked or expected to take part in the proposed campaign. It was a professional campaign, to be conducted by the Committee along professional lines.

Thus supplied with the sinews of war, the campaign was opened in March, 1910, in such a way as to interest those city, state and national powers which it was hoped later to enlist as active participants. The Cleveland Board of Education conducted one session, Ex-Governor Herrick presided at another, the Mayor of Cleveland testified in person to his interest and willingness to help, and representatives of Governor Harmon and President Taft took active parts. The work of examining children, reporting to parents and giving illustrated educational lectures went on apace. Hundreds of children visited the dentists of their choice and large numbers of poor children were given free dental services. The Marion School Squad, whose story has been told in these pages, was organized to afford concrete proof of the value of oral hygiene to large numbers of children. In spite of its shortcomings, its records are the only definite proof of the truth of our claims for oral hygiene.

At the 1910 meeting of the National Dental Association, the Oral Hygiene Committee made an exhibit of its work up to that time and sought to educate the dentists present to their possibilities and responsibilities in this respect. At the Committee's expense, Dr. W. A. Evans, Health Commissioner of Chicago, addressed the open session and showed how a great public official regards us and our responsibilities.

It would seem the most natural thing in the world that a committee which had so successfully carried forward its campaign without expense to The National Association, should meet with hearty and en-

thusiastic approval and be accorded all necessary support. Here is what happened:

The Executive Council passed the following resolution:

"The Executive Council recommends that the Association commend the energy and enthusiasm with which the Committee on Oral Hygiene took up its work and the results obtained during the past year; however, we would suggest that the scope of the work in the future be conducted along lines and under such rules and regulations as shall be formulated by the Executive Committee and approved by the Executive Council.

"That the sum of One Thousand Dollars (\$1,000.00) be appropriated by the Association for the work of the Committee, if there shall be sufficient funds in the Treasury not needed or required for necessary work, and the same to be expended under the direction and approval of the Executive Council. No funds shall be solicited or received for the work from any sources, except state and local dental societies, members of the dental profession and philanthropists."

That reads very well on its face, but let us analyze it a little, for it was the controlling voice which shaped the Cleveland campaign from that date. And it had two fatal aspects. First, it shut off all funds from the only source which had ever provided them in sufficient quantity to have any working value. Second, it failed to substitute any other source of funds. The promise of the thousand dollars was worth only the paper it was written on, for in the year which has passed since then, none of it has been forthcoming, and so far as its help went, the Cleveland work would be long since dead.

Thus deprived of funds from all sources, the members of The Oral Hygiene Committee made a further donation of \$10 each, as the initial step in raising money among the members of the profession. It seemed to them only proper that before the appeal was made to the profession at large, practical evidence of approval and support should come from the men who had limited them to this course. They therefore addressed to each member of The Executive Council an appeal for a donation of \$10, stating clearly the grounds on which the request was made. A similar appeal was made to the officers of The National Dental Association on the same grounds.

The following contributions have resulted:

From Executive Council and Officers:

H. J. Burkhart .....	\$10 00
James G. Sharp .....	10 00
B. Holly Smith.....	10 00
C. L. Alexander .....	10 00
Eugene R. Warner .....	10 00
Chas. W. Rodgers .....	10 00

H. C. Brown.....	\$10 00
Arthur R. Melendy .....	10 00
W. E. Boardman .....	10 00
	<hr/>
	\$90 00

## From Societies:

Southern Branch of the National Dental Association..	\$120 00
Ohio State Dental Society.....	100 00
Nebraska State Dental Society.....	25 00

Total Contributions .....	<hr/> \$335 00
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The effect on the work at Cleveland has been unfortunate. Such work as could be carried on with the balance of the funds on hand has been done in the most effective and economical manner possible, but none of the newer and greater opportunities which are opening as the result of the labors there can be accepted. Had not the funds for The Marion School Squad been definitely appropriated before the Council passed that resolution, we should have been robbed of the proof which it affords, and the Cleveland work would have passed into history without pith or point. It now affords a starting point for every worker who seeks to awaken his community to its possibilities in this line. Supporting demonstrations in other communities will afford an irresistible avalanche of professional and public information and interest.

But the most important point is to come. At the meeting of The National Association in July, 1911, the Executive Council will again pass on the work of its Committee on Oral Hygiene. If it strikes but one more blow like the last, it will do serious damage. If it emits only unmeaning praise and worthless promises, there will be only two courses open to those enterprises which seek actual results; to surrender all hopes of success, or to divorce themselves from the National, to form independent supporting associations and to act on their own initiative. From the standpoint of one who prefers to see the National measure up to its opportunities this would be regrettable, since it would be impossible for the National to control such organizations, nor would the credit which is sure to redound from a well-conducted enterprise of this sort accrue to the National Association.

The writer is by no means insensible to the honest differences of opinion among workers, as to how this work should be carried on. He is aware of the excellent work being done by Drs. Wheeler and White, who, as lecturers on the New York State Board of Health, will ac-

compish much for the cause. He wishes them and all others God-speed in their lines of activity. Nor has he any pet scheme or project for the carrying on of the work. Certainly the method first adopted by the Committee is no longer available, since no more funds from the manufacturers may now be had, no matter what action the National Association may take.

But certain plain facts should not be overlooked. The opportunity and responsibility of the dental profession to awaken communities to the desirability of oral hygiene for all children before the ravages of decay have wrought their evil effects, are now more clear cut than ever before. Public officials, communities, Boards of Health and Boards of Education must be shown the necessity for the community to take up such enterprises with community funds and paid attendants, since the continued conduct of such enterprises is too great a burden for the members of our profession. Such teaching of communities requires funds in considerable quantities. And some dependable source of such funds must be provided.

There is a chance for the National Association to rise to this opportunity at the coming meeting. It will either do that or prove itself incapable of so doing. The responsibility lies on:

Dr. H. J. Burkhart, Batavia, N. Y.

Dr. A. H. Peck, 92 State St., Chicago, Ill.

Dr. B. Holly Smith, 1007 Madison Ave., Baltimore, Md.

Dr. James G. Sharp, 3049 Washington St., San Francisco, Cal.

Dr. C. L. Alexander, 203 So. Tyron St., Charlotte, N. C.

Dr. Edward S. Gaylord, 63 Trumbull St., New Haven, Conn.

Dr. H. C. Brown, 185 E. State St., Columbus, O.,

who compose the Executive Council, since there is little doubt that if the matter were brought to a vote by the members, some means leading to these ends would be devised.

It may be that the Executive Council is responsive to any well-defined sentiment in the profession. If each reader of this magazine, who is desirous of seeing Oral Hygiene established on a foundation which promises satisfactory results, will write to one or more members of the Executive Council, expressing that desire, it may aid in securing some satisfactory action. It will at least leave no grounds for the claim that the sentiments of the profession were not known.

Write your letter now if you will, before it is forgotten or the meeting draws too near.

Let the responsibility for what is done at that meeting be so definitely fixed that no man can evade his full share.

**WRITE NOW:**

## SOCIETY AND OTHER NOTES

Officers of Societies are invited to make announcements here of meetings and other events of interest.

## MONTANA.

The annual meeting of the Montana State Board of Dental Examiners will be held in Helena, in Harmony Hall, July 10, 11, 12, 1911. All applications should be in the hands of the secretary not later than July 3d. Those having practised the preceding five years in Idaho, Indiana, Nebraska, Michigan, Minnesota or New Jersey, presenting satisfactory papers from their own State Board and Society, are exempt from the theoretical examinations.—D. J. WAIT, *Secretary*, 103 Broadway, Helena, Montana.

## OHIO.

The fifteenth annual session of the National Dental Association will be held at Cleveland, July 25-28, 1911.—GEORGE H. WILSON, D.D.S., *Chairman Local Committee*.

## SOUTH DAKOTA.

The South Dakota State Board of Dental Examiners will hold its next meeting at Sioux Falls, S. D., July 11, 1911, at 1:30 P. M., and continuing three days.—ARIS L. REVELL, *Secretary, Lead*.

## WEST VIRGINIA.

The fifth annual meeting of the West Virginia State Dental Society will be held in the Assembly Room, Waldo Hotel, Clarksburg, W. Va., on August 9, 10 and 11, 1911. Opening session at 2 o'clock, Wednesday, August 9.—FRANK L. WRIGHT, *Secretary*.

## WISCONSIN.

The forty-first annual meeting of the Wisconsin State Dental Society will be held at Eau Claire, Wis., July 11-13.—O. G. KRAUSE, D.D.S., *Secretary*.

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*Editor DENTAL DIGEST:*

New York City.

The following is a copy of the report of the Free Dental Clinic of the Portland Dental Association, which we believe will be of interest to your readers:

To the Portland Dental Association.

Ladies and Gentlemen:

Your Committee, appointed to inquire into the feasibility of establishing and maintaining a free dental clinic for the worthy poor of our public schools, begs leave to submit the following report:

After interviewing the Mayor of the City, Members of the City Council, newspapers, the Board of Health and various prominent citizens in order to ascertain the sentiment for the desire of a clinic and also to give publicity and create a demand for same, your Committee found that some of the Board of Education had previously given this matter some thought and your Committee was encouraged to establish a clinic and given permission to have an examination of the mouths of the school children by the ethical dentists of the City.

A sum of one thousand dollars was voted by the School Board to equip the free clinic, but as our local supply houses and several members of the profession very generously donated the use of much of the equipment, the Board of Education amended their vote to include maintenance for the clinic.

Your Committee soon found it to be too much of a burden to supervise the examination in the schools and also to properly handle the free clinic,

and another committee was appointed to cooperate with the original committee in supervising the examinations.

This Committee secured the services of one hundred and seventeen dentists in the city and the mouths of nineteen thousand school children were examined. This included only those from the first to the seventh grades. Considering that this was one of the first examinations of this character to take place in the West, a very satisfactory examination was made.

Through the kindness of the Mayor of the City a large room in the City Hall, together with the plumbing, janitor service and laundry was given free to the clinic; the Water Board gave free the use of water and the Pacific States Telephone Co. gave free use of telephone.

So as not to interfere with the attendance at school and not to put too great a burden on the members of the profession, the clinic was open one day in the week, Saturday, with two dentists in attendance in the morning and two in the afternoon. The first few Saturdays our clinic was greatly overcrowded, but with additional equipment and working by appointments only, the clinic has been able to care for most of those making an appearance.

The clinic has now been opened eighteen Saturdays, in which time the following services have been rendered, to wit:

<i>Number of patients</i> .....	206
<i>Fillings:</i>	
Amalgam .....	232
Cement .....	102
Copper Cement .....	7
Root canals filled .....	44
<i>Cleaning</i> .....	27
<i>Extractions</i> .....	115
<i>Treatments</i> .....	30

Because of the number of emergency cases the clinic has been handicapped in giving proper attention to teeth needing long treatment. But it has been the object of the clinic to preserve all teeth that would be of benefit to the child and to give such instructions upon the care of the teeth as the limited time would permit.

That there is need of a clinic is evidenced by the large number of children calling weekly for dental services and by the interest shown by those who have witnessed the work of the clinic. The Board of Education has recently commented favorably upon the work done by the clinic. The Committee, therefore, recommends that an effort be made to put the free dental clinic on a permanent basis, and further suggests that the work of the clinic be given more publicity in order that a greater appreciation of the necessity of this movement may be had by the public as well as our profession. We also recommend the examination of school children, including all those of the primary grades and to be supplemented by stereopticon lectures on the proper care of the dental organs. We also recommend that the examining chart be simplified but the examination be none the less thorough. Further, that at least one dentist be employed at the clinic, whose duty it shall be to care for the treatments, as there will be a greater increased attendance upon the clinic because of the larger number examined in schools.

We would ask that the Board of Education vote a similar sum as the past year for maintenance.

COMMITTEE: Millard C. Holbrook, Edward Hirstel, C. M. Harrison, A. L. Beatie, Geo. A. Marshall.